IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION | MDL No. 2804
|
OPIATE LITIGATION | Case No. 1:17-MD-2804
|
| Hon. Dan A. Polster
APPLIES TO ALL CASES |

Friday, May 31, 2019

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
CONFIDENTIALITY REVIEW

VIDEOTAPED DEPOSITION of MELANIE ROSENBLATT, M.D., held at Morgan Lewis & Bockius LLP, 200 South Biscayne Boulevard, Suite 5300, Miami, Florida, commencing at 9:26 a.m., on the above date, before Susan D. Wasilewski, Registered Professional Reporter, Certified Realtime Reporter and Certified Realtime Captioner.

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JEFF FLEMING, Videographer

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EXHIBITS
(Attached to transcript)

THE VIDEOGRAPHER: We are now on the record. My name is Jeff Fleming. I'm a videographer for Golkow Litigation Services.

Today's date is May 31, 2019. The time is 9:26 a.m.

This video deposition is being held in Miami, Florida, in the matter of National Prescription Opiate Litigation for the United States District Court for the Northern District of Ohio, Eastern Division.

The deponent is Melanie Rosenblatt, MD.

Will Counsel please identify themselves for the record?

MS. DICKINSON: Erin Dickinson and Krista Baisch for the plaintiffs.

MS. COATES: Melissa Coates for the Teva defendants.

MS. LEIBELL: Martha Leibell, Morgan Lewis, for the Teva and Actavis defendants.

MR. GOLDBERG-GRADESS: Daniel Goldberg-Gradess from Dechert for Purdue.

THE COURT REPORTER: I missed that name. I'm sorry.

MR. GOLDBERG-GRADESS: Daniel

Goldberg-Gradess from Dechert for Purdue.

THE COURT REPORTER: Thank you.

MS. DICKINSON: Anyone else on --

MR. BAGHAI: Cameron Baghai -- Cameron Baghai from O'Melveny & Myers for the Johnson & Johnson defendants.

MR. PORTER: Luke Porter with Reed Smith on behalf of AmerisourceBergen.

THE VIDEOGRAPHER: Thank you.

The court reporter is Susan Wasilewski and will now swear in the witness.

THE COURT REPORTER: Would you raise your right hand? Do you solemnly --

MS. COVERSTONE: You've got one more on the phone.

This is Kaitlyn Coverstone from Kirkland & Ellis for Allergan.

THE COURT REPORTER: Would you raise your right hand?

Do you solemnly swear or affirm the testimony you're about to give will be the truth, the whole truth, and nothing but the truth?

THE WITNESS: I do.

THE COURT REPORTER: Thank you.

MELANIE ROSENBLATT, M.D., called as a witness

by the Plaintiffs, having been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. DICKINSON:

Q. Good morning, Dr. Rosenblatt. My name is Erin Dickinson.

A. Good morning.

Q. We met just a few minutes ago, correct?

A. Correct.

Q. Okay. Can you state your full name for the record?

A. Melanie Rosenblatt.

Q. Okay. Dr. Rosenblatt, have you ever been known by any other name?

A. Yes. I was married briefly. My last name at that time was Wulk. My full name was Melanie Rosenblatt Wulk, W-u-l-k.

Q. W-e-l-k?

A. u-l-k.

Q. u-l-k. Okay. And during what years were you known as Melanie Wulk?

A. From approximately 1994 to 1996, '97.

Q. Fair to say those were the years you were married?

A. Yeah. I try to forget them.

Q. I can -- have you -- did you have a maiden name, or is Rosenblatt your maiden name?

A. Rosenblatt is my name --

Q. Okay.

A. -- maiden name.

Q. Are you currently married?

A. No.

Q. Could you state your home address, please?

[redacted]

Q. And how long have you been at that address?

A. Approximately four years.

Q. Okay. And could you confirm your current business address, please?

A. Yes. 450 West Hillsborough Boulevard, Deerfield Beach, Florida 33411.

Q. Okay. Dr. Rosenblatt, is there an opioid epidemic in the United States?

A. I believe there is, yes.

Q. Is there an opioid epidemic in Broward County?

A. I believe there is, yes.

Q. When you refer to the -- an opioid epidemic, generally what do you mean by that?

A. Generally, that -- there is a lot that goes

into that, but generally there is a lot of opioid misuse, opioid abuse, opioid diversion, opioid overdose and deaths, both -- from multiple channels, including illicit substances.

Q. And that epidemic has had effect on both people throughout the United States and the communities they live in; is that fair?

A. That's what I understand.

Q. Okay. And you understand that I represent some of those communities in this case, correct?

A. Yes, correct.

Q. You are here testifying in the National Prescription Opioid Litigation which is MDL2804. Do you understand that?

A. I understand that.

Q. Okay. And you are here testifying for the Teva defendants; is that correct?

A. That's correct.

Q. We'll go through who those are in just a minute because I think it's going to be important not to have to say the entities all over and over again, but we'll get to that in just a minute.

(Rosenblatt Exhibit 1 was marked for identification.)

BY MS. DICKINSON:

Q. I'm going to hand you what's been marked as Exhibit 1, and I will represent to you that Exhibit 1 is the notice of your deposition.

Have you ever seen this document before?

A. Yes, I have.

Q. Okay. When were you provided with this document for the first time?

A. I don't recall when I saw it for the first time, but I know that I've seen it in the last day or so.

Q. Okay. And if you would turn the page, there is an Exhibit A on the document. I think it's the third page.

Do you see that?

A. Yes, I do.

Q. Okay. And there are materials requested in Exhibit A. Do you see that?

A. Yes, I do.

Q. Were you asked by Counsel to bring any materials responsive to those requests?

A. I was not --

MS. COATES: Object to form.

A. I was not asked to bring any materials for today.

Q. You did bring some materials, or at least

your counsel did today. I'll just go through, actually, the request, then.

Request 1 asks for all documents or materials that you've reviewed since the date of your report, which was May 10th, in the case.

Have you reviewed any documents or materials in the case since May 10th?

A. Yes, I have.

Q. Okay. What were those materials?

A. Some defendant expert reports.

Q. Okay. Can you tell me which ones?

A. I don't know if I'll get it right. Dr. Michna and Leila, Leila.

Q. Dr. Michna and Dr. Leila are defense experts; is that right?

A. That's right.

Q. Who provided those to you?

A. My attorneys yesterday.

Q. Okay. Yesterday?

A. Yesterday.

Q. Have you had a chance to read them?

A. No. I've had a chance to glance at them.

Q. Did you ask for those particular reports?

A. I don't remember if I specifically asked but they came up in conversation, and I was curious to

see them.

Q. Okay. Did you ask to see any of the other 70 some-odd defense expert reports in the case?

A. No, I have not.

Q. And you have not been provided with any of those others; is that right?

A. I believe that's right.

Q. Okay. Did you review any documents or materials in preparation for your testimony today?

A. I reviewed my report and some of the items that are already accounted for in my report.

Q. Okay. Outside of the items that are listed in either your report or the appendices, did you review any additional documents in preparation for your testimony today?

A. No.

Q. Have you had a chance to -- I may have asked this a second ago. Have you had a chance to read the defense expert reports you were given yesterday?

A. I have not.

Q. Okay. And I think we're going to get to questions about this one a little later, but you also -- your counsel also produced to us today what has been marked as Exhibit 6.

(Rosenblatt Exhibit 6 was `marked for

identification.)
BY MS. DICKINSON:
Q. Do you see that?
A. I do.
Q. Okay. And Exhibit 6 appears to be your invoice, or at least one of them, for this case; is that correct?
A. That's correct.
Q. Okay. And we'll get to the portion where there is a big black box, but I just want to ask you a couple questions about this.
This invoice is dated, it looks like, May 8th, 2019. Do you see that?
A. Yes, I do.
Q. Okay. And who is Brian Ercole?
A. Brian Ercole is the attorney for Morgan Lewis.
Q. And the invoice has -- it is an invoice for April 2019. Do you see that?
A. I do.
Q. Is this an accurate copy, other than the black box that I'm sure you didn't put there, of your invoice for April 2019?
A. There are actually additional dates at the end of April that are not reflected in this invoice.

Q. Okay. How many additional dates are not reflected in this invoice?
A. Offhand -- I mean, there's only a few days left in April, so I'd have to look at my internal notes, but I believe there are additional hours for April 26th, 27th, 28th.
Q. Okay. And other than the additional hours that you may have spent on the 26th, 27th, and 28th, does this look like an accurate invoice to you for the time you spent in April on this litigation?
A. Yes.
Q. Okay. Is this your only invoice that had been submitted to counsel in this litigation?
A. Yes.
Q. Okay. So there are no previous invoices for time spent prior to April 11th, 2019; is that right?
A. For the purposes of this report and this case, that's correct.
Q. Okay. When was the date that you were hired to work as an expert in this case?
A. I was hired prior to this case to work as an expert for the Oklahoma case, or I was hired to work as an expert not case-specific, I think is more accurate, and that was in November 2018.
Q. And we'll get to that in a minute. Were you

ever, at any point in time, hired specifically for this case, MDL2804?
A. I don't recall specifically. I believe it's part of my overall agreement, my work agreement.
Q. Okay. Is it fair to say that the first time you billed in this case was April 11th of 2019?
A. I believe so. I'd have to look at March's invoice to be certain. Those last dates in March had nothing to do with this case, but I'm fairly certain that April is the beginning of this case.
Q. Okay. And for the purposes of today, the time you spent on this case, other than the last few days in April, would all be included on this invoice; is that fair?
A. No. There are additional dates in May that I've spent on this case that I have not yet submitted an invoice for.
Q. Fair. Let's -- let's take it this way. So actually, let's -- let's do that.
Do you have an invoice in -- for May that you have generated yet?
A. Not yet.
Q. Okay. How many dates in May do you think you worked on this case?
A. Offhand, I don't know.

Q. Okay. Have you done any work on the case since the report was produced on May 10th?
A. Yes.
Q. Okay. How much time do you think you've spent since the report was produced on May 10th?
A. I don't know.
Q. Do you have any estimate? Was it a day or two? I mean, I just -- I'm trying to get an idea.
A. Yeah. In total, I probably spent about 40 hours in the month of May, 30 or 40 hours. Most of that was -- a significant portion of that was preparing the report, but also reviewing my report was important to me, even after it was created.
Q. So your testimony is you may have spent some additional time after the report was created reviewing the report to make sure it was accurate?
A. Not to make sure it was accurate, just to remain comfortable in the multiple details of the report and to continue to review some of the sources. I review and I rereview and I review again and continue to -- I continue to review some of those reports.
Q. Okay. How much of the 30 to 40 hours that you spent in May would be allocated to the time before the report was due?

A. I don't recall.
Q. Can you give me an estimate?
A. I really can't. I spend a few hours at a time, days when I have time, at my free time, at the end of my office hours. So it can be anywhere from an hour to two, three, four hours, depending on my day-to-day schedule.
Q. Okay. How many -- I don't want to misrepresent what's on this invoice. I'm -- I'm just going to count up roughly how many hours I see on it.
Let's see. I count -- on the invoice, I see about 15 hours and 45 minutes. That's on this April invoice.
Does that seem right to you?
A. That seems right.
Q. Okay. And then, I think you said you have an additional two or three days in April that you may have worked on the report. On those three days, do you have an estimate of roughly how many hours you may have worked?
A. I think there is an additional six or eight or maybe 10 hours in the end of April.
Q. So maybe six to 10 hours in the end of April. And in the first 10 days of May, before the

report, can you give me a similar estimate as to how many hours you may have spent leading up to the report?
MS. COATES: Objection; asked and answered.
A. Without having my invoice in front of me, I'm really not certain. I don't -- I don't want to be specific about the dates and get them wrong about the dates and the hours spent, but I spent several hours on several days prior to the submission of the report.
Q. If you had to generate an interim invoice for late April and into May, could you do that?
A. Yes.
Q. Could you do that easily?
A. It depends on what you mean by "easily."
Q. Could you do that in the next -- could your staff or someone pull that while we're sitting here today?
A. No, my staff couldn't do that. I have internal notes on my iPhone.
Q. Is it something you could pull up on your iPhone while we're sitting here?
A. Yes.
Q. Okay. When we take a break, I may ask you to do that just so we don't have to come back and

ask you. All I'm really trying to get is a sense of how many hours you spent leading up to the report. The best we can get that accurate testimony, that would be very helpful, but let's continue on and then maybe we can address it at a break.
A. Okay.
Q. Okay? Have you ever been deposed before?
A. Yes.
Q. Okay. In what instances?
A. Most recently in the Oklahoma case. That's on my CV and --
Q. Any other times you've been deposed?
A. As -- yes, but as a -- as a fact witness, I think is what it's called, on patients in whom I had some involvement in their case.
Q. How many times were you deposed as a fact witness?
A. I'd be guessing. Maybe four or five times.
Q. When was the last time you were deposed as a fact witness?
A. About a month ago.
Q. And what kind of case was that?
A. It was a physician who I had treated as a patient who fell in the hospital cafeteria and I was an expert for -- I was a fact witness for my

patient, who is suing the hospital.
Q. Okay. Was that an injury case, a personal injury case?
A. I guess so. He was a chronic pain patient who had a worsening of his pain since that incident.
Q. And that chronic pain patient was suing the hospital over a fall injury?
A. That's correct.
Q. Okay. Before that deposition about a month ago, when was the last time you were deposed?
A. Probably about a year ago.
Q. What kind of case was that?
A. A patient who came to me for pain from an injury from an incident at the beauty salon where she had a bikini wax and they tore off her skin.
Q. And were you being sued in that litigation?
A. No.
Q. Were you again a treating physician?
A. I was, yes.
Q. Okay. Prior to that time, one year ago when you were deposed, when were you deposed before that last?
A. I don't remember.
Q. Is it safe to say that -- or actually, I'll ask you. Other than these two depositions we've

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talked about which -- where you were a fact witness, and in the Oklahoma case, have you been deposed in the last five years in any case?
A. I've -- it's possible. I don't remember.
Q. Okay.
A. But it would be similar, you know, fact witness patients.
Q. Okay. And you don't remember any of the details of those other depositions?
A. I don't remember. If my office tells me, you know, the names and the dates, I'm sure it will come back like that, but sitting here right now today, I don't recall.
Q. Okay. Since you've been deposed before, I don't think we need to talk too much about the ground rules of the deposition.
You're doing a nice job of not talking over me. This lovely lady has to take down everything we're saying, so we'll try not to talk over each other. If we do, usually she will remind us. Okay?
To the extent that I ask you a question that requires a "yes" or "no," please answer with "yeses" or "nos," not "ung-ughs" and "uh-huhs," because they look the same on -- when she's taking them down on the transcript. Does that make sense?

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A. That makes sense.
Q. Okay. If, at any time, you don't understand my question, please ask me to rephrase it because I want you to have understood my question. Okay?
A. Okay.
Q. Can we make that agreement? Okay.
Otherwise, I think you're doing a very nice job of allowing time for her to take it down so we'll -- we'll try to keep that up for the rest of the day. Okay?
A. Okay.
Q. You understand that you're under oath and everything you say today must be truthful and accurate, correct?
A. Correct.
Q. Okay. The last item that we didn't get to -- here, it is -- on Exhibit A to your deposition what -- is what I'm going to mark as Exhibit 3 and hand that to you, if I could.
(Rosenblatt Exhibit 3 was marked for identification.)
BY MS. DICKINSON:
Q. Tell me what Exhibit 3 is.
A. This is the most recent updated copy of my CV.

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Q. Okay. And when did you update your CV?
A. Yesterday.
Q. Okay. Why did you update your CV yesterday?
A. There needed to be some updates. It hadn't been updated in several months, if not longer, and I wanted it to be picture perfect accurate for today.
Q. Okay. Great. Fair enough.
(Rosenblatt Exhibit 4 was marked for identification.)
BY MS. DICKINSON:
Q. We are going to mark -- actually, we've marked as Exhibit 4 to your report what was the CV that was attached as Appendix A to the report that was produced on May 10th. So I'm going to hand you that really quickly.
A. Yes.
Q. Does that CV look like -- the Appendix A, a true and correct copy of what was attached to your expert report in this case?
A. Yes, it does.
Q. Okay. Could you tell me, on Exhibit 3, what changes were generally made?
A. My address. My office moved April 1st, so that was one change.
Q. Okay.

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A. There are two additional surgery centers where I now do my surgical cases.
Q. Where do those fall on this -- on Exhibit -- what we've marked as Exhibit 3?
A. On Exhibit 3, they fall on the second page, Lake Worth Surgical Center and Boca Raton Outpatient Surgery & Laser Center.
Q. Okay. Any other additions?
A. Publications, there were some additional publications that were not included in my prior version of my CV.
Q. Tell me which ones.
A. On the Newsmax Health Blog, on the prior version of my CV there were only two and there were several more added; and another article in Pain Management that I published about the opioid withdrawal syndrome.
Q. Is that the one that's listed at the bottom of the page?
A. That's correct.
Q. Okay.
A. And then on the following page, another article that's available online, not yet in print, it will be next week, "Three Years Down the Road."
Q. And where is that?

A. On the top of the next page.
Q. Is that the one entitled --
A. Advances --
Q. -- Advances in Medicine?
A. Correct.
Q. Anything else?
A. In addition, there is some additional lectures I've given, added "US WorldMeds Conference" on the bottom, almost to the bottom of the next page.
Q. Okay.
A. As well as the Nevro Conference, the recent cadaver course in Orlando.
Q. Where is that?
A. Above that.
Q. Oh, I'm sorry. The one just above it?
A. Yeah.
Q. Okay.
A. I think that's it.
Q. Okay.
A. Oh, and there was -- on the very last page, my board certification was listed incorrectly, a miscommunication between myself and my office manager. Where it says "Board Certified in Addiction Medicine" and then "Board Certified in

Preventive Medicine," I am not board certified in preventive medicine, and that's been corrected on my new CV.

I'm board certified in addiction medicine through the American Board of Preventive Medicine. That's the new --

Q. That was actually going to be one of my questions today. That helps. Okay.

(Rosenblatt Exhibit 2 and Exhibit 5 were marked for identification.)

BY MS. DICKINSON:

Q. Okay. I'm going to hand you -- I'm going to hand you what has been marked as Exhibit 2 and Exhibit 5, if I could.

Exhibit 2 appears to be a copy of your expert report that was submitted to plaintiffs on May 10th, 2019. Is that accurate?

A. That's accurate.

Q. Okay. And when your report was originally submitted, there were two appendices to that report, Exhibit -- or Appendix A and Appendix B; is that right?

A. That's right.

Q. Okay. And originally, Appendix A was what we've marked as Exhibit 4; is that right?

A. That's right.
Q. And now Exhibit 3 is an updated version of Appendix A; is that correct?
A. I don't see Appendix A, but I -- it's not here, but yes.
Q. So just to -- I'm just trying to make the record clear.
A. Yes.
Q. Appendix A was originally your curriculum vitae --
A. Yes.
Q. -- is that fair?
A. Yes.
Q. Today, you have produced an updated version of that curriculum vitae?
A. Correct.
Q. Okay. Appendix B to your report, the "Materials Considered" list, that -- has that changed or been updated in any way?
A. It has not.
Q. Okay. And Appendix B has been marked separately as Exhibit 5?
A. 5, yes.
Q. Let's try to clear this -- or clean this up a little bit.

And Exhibit 2 is your expert report in this case. Has that been changed or amended in any way since this version was produced on May 10th?
A. It has not.
Q. Okay. Okay. Dr. Rosenblatt, have you ever served as an expert witness before?
A. Yes.
Q. Okay. On -- in -- on what occasions?
A. In the Oklahoma case.
Q. Okay. Is that the only time you have served as an expert witness before?
A. Yes.
Q. When were you retained in -- and when we say "the Oklahoma case," what are you referring to?
A. I'm referring to the State of Oklahoma vs. Purdue Pharma, et al., in the state of Oklahoma, March 28th, 2019.
Q. Okay. And is that a piece of litigation on behalf of the State of Oklahoma related to opioids?
A. Yes, it is.
Q. In that case, the State of Oklahoma sued several manufacturers of prescription opioids; is that right?
A. That's right.
Q. Okay. And you were, in that case, also

testifying on behalf of the Teva defendants, correct?
A. That's correct.
Q. Okay. Can we turn to Exhibit 2, page 2, I guess it is, at the bottom where there is a footnote about the Teva defendants?
A. Yes.
Q. Okay. For the record, I'm going to read into the record what it says in the footnote, just so we're clear about what we're talking about today.
There is a Footnote 2 to your report, which is Exhibit 2 at page 2 -- that's a lot of 2s -- that says: "Teva USA and Cephalon are referred to as the 'Teva Defendants.'"
Do you see that?
A. Yes, I do.
Q. Okay. Then it goes on to say: "Actavis Pharma, Actavis LLC, Watson, Warner Chilcott Company, LLC, Actavis South Atlantic LLC, Actavis Elizabeth LLC, Actavis Mid Atlantic LLC, Actavis Totowa LLC, Actavis Kadian LLC, Actavis Laboratories UT, Inc., frequently known as Watson Laboratories, Inc.-Salt Lake City, and Actavis Laboratories Florida, Inc., frequently known as Watson Laboratories, Inc.-Florida, are referred to as the

'Actavis Generic Defendants.'"
Do you understand?
A. I understand.
Q. Okay. Is -- have I read that accurately?
A. Yes, you have.
Q. Then it says: "In addition, I understand that Teva Pharmaceutical Industries, Ltd. ('Teva Ltd.') has been named as a defendant in this case based on the conduct of the Teva and Actavis Generic Defendants, but contests personal jurisdiction."
Have I read that correctly?
A. Yes.
Q. "Accordingly, the opinions stated herein as to the Teva and Actavis Generic Defendants also apply to Teva Ltd."
Have I read that correctly?
A. Yes, you have.
Q. Was Footnote 2 provided to you by counsel in this case?
A. It was -- it was provided to me by the -- from the Analysis Group.
Q. Who is the Analysis Group?
A. The Analysis Group is a consulting group.
Q. What does the Analysis Group do?
A. They help with the research and citations

and footnotes and helped me generate my report.
Q. Okay. Is it fair to say that the Analysis Group is a consulting group that assisted with research or items with respect to the writing of your report?
A. Yes.
MS. COATES: Object to form.
Q. You -- are you working for the Analysis Group or through the Analysis Group?
A. I am not.
Q. Okay. When was this footnote provided to you by the Analysis Group?
A. I'm not sure of the specific time or date.
Q. And who do you understand you are testifying on behalf of? Is it Teva USA and Cephalon only, or is it the other entities mentioned in this footnote?
MS. COATES: Object to form.
A. As I understand it, it's all of Teva USA and its related entities.
Q. Okay. And when you say the "related entities," are you offering testimony on behalf of all the other entities that are mentioned in the footnote?
A. I'm not sure.
MS. COATES: Object to form.

Q. Who hired you in this case?
A. I was retained by Morgan Lewis.
Q. Okay. And do you have a retainer letter?
A. I have an agreement.
Q. Okay. Do you have a retainer agreement?
A. I don't know that it's called a "retainer." I have a -- I think a consulting agreement.
Q. Okay. And in the consulting agreement, does it says which defendants you are offering testimony on behalf of?
A. I understand I'm offering testimony on behalf of Teva and the Actavis groups, the Watson groups, Cephalon. And that's what I understand.
Q. Can we today refer to all those groups just as the Teva defendants?
Does that make sense to you?
A. I think that's a good idea.
Q. It would be nice not to have to list those in every question.
If, at some point in the day, when I say "the Teva defendants" and your answer requires you to break out a particular part of that group, please do so. Okay?
A. Okay.
Q. If not, I'm assuming that your answer does

not necessitate you to break out a particular part of that group. Is that okay?
A. Okay.
Q. All right. So when I say "Teva" or "the Teva defendants," I am referring to all the defendants you are offering testimony on behalf of. Okay?
A. Okay.
Q. All right. In the State of Oklahoma case, were you offering testimony on behalf of the same group of defendants which we're calling "the Teva defendants"?
MS. COATES: Object to form.
A. Yes.
Q. And were you also hired by the Morgan & Lewis law firm?
MS. COATES: Object to form.
A. Yes.
Q. Is it fair to say that you are dealing with the same attorneys in this case that you were dealing with in the State of Oklahoma case as far as the attorneys who hired you?
A. Yes.
Q. And who are those specific attorneys at Morgan & Lewis that hired you?

MS. COATES: Object to form.
A. Specifically, I was hired by Morgan Lewis through Brian Ercole.
Q. Okay. And in the State of Oklahoma case, the State of Oklahoma was suing other manufacturers of opioids besides Teva, correct?
A. That's correct.
Q. And it's been in the news. I understand that Teva just settled that case and agreed to pay roughly $75 million. Is that your understanding?
MS. COATES: Object to form.
A. I read about the settlement.
Q. Did the -- did the lawyers contact you and tell you you didn't need to provide testimony in the trial?
A. Yeah.
Q. Okay. And prior to the settlement, had you been asked to testify in the trial in the State of Oklahoma case?
A. Yes.
Q. Okay. Do you have any idea when that testimony was going to be?
MS. COATES: Object to form.
A. I believe it was going to be sometime this summer, I believe sometime in July.

Q. Were you going to address in the trial, in your testimony, virtually the same issues that are in your report that's been marked as Exhibit 2; is that fair?
MS. COATES: Object to form.
A. No. There was some different content in the Oklahoma case.
Q. Generally, what was different about the testimony you were offering in the Oklahoma case?
A. Specifically in the Oklahoma case, I was asked to review Medicaid claims data and a specific plaintiff's testimony about the medical necessity and medical -- lack of medical necessity on certain prescriptions for Actiq and Fentora.
Q. Which specific plaintiff's testimony did you review?
A. Dr. Beaman.
Q. Who is Dr. Beaman?
A. I don't recall his qualifications.
Q. Was -- did Dr. Beaman work for the government?
A. I don't recall.
Q. Okay. Was Dr. Beaman an expert witness?
A. I believe he was an expert for the State, yes.

Q. Do you recall his specialty, generally?
A. I don't.
Q. Did you offer a report in that case?
A. I did not.
Q. Did you give a deposition?
A. I did.
Q. Do you have a copy of your deposition testimony from that case?
A. I have seen it.
Q. Have you retained a copy?
A. I think so.
Q. Do you know roughly when that deposition was taken?
A. It would be the end of March, I believe.
Q. In that case, you mentioned that your testimony was going to cover Actiq and Fentora; is that accurate?
A. Yes.
Q. In that case, were you going to address Teva's sales and marketing of any generic drugs, not Actiq and Fentora?
MS. COATES: Form.
A. Can you repeat the question?
Q. Right. In that case, were you asked to address Teva's sales and marketing of any generic

opioid medications, not Actiq and Fentora?
A. No.
Q. In this case, have you been asked to address any of Teva's generic sales or marketing?
A. No.
Q. How much have you been paid to date for your testimony in the Oklahoma case?
A. I'm not sure. I'd be guessing. I think it was around $9,000.
Q. Roughly the same as the amount on Exhibit 6 that you have billed in this case?
A. I think so. Again, I'd have to see the prior invoice. I don't recall.
Q. Do you have any outstanding invoices for the State of Oklahoma case?
A. Yes. I believe March is still outstanding.
Q. And do you have any idea, roughly, in March what your invoice will be?
A. That's the one I was referring to, I think was about 9,000. Actually, March, I think, was a little bit more. I think that was $18,000.
Q. Okay. So total, your invoices for the State of Oklahoma case may total about $27,000, if my math is correct?
A. I think less. I think February was less,

but again, I don't have them in front of me.
Q. Okay. Is it fair to say that your total invoices for that case are somewhere between $18,000 and $27,000?
A. Yes.
Q. Okay. Which lawyers were working with you on the Oklahoma case testimony?
A. Mostly Brian Ercole but also with Melissa Coates and Martha Leibell.
Q. The same -- two of those lawyers are sitting here in this room, correct?
A. Correct.
Q. Okay. And Brian was in the room earlier?
A. Earlier he was in the room, yes.
Q. Okay. At the Morgan & Lewis firm, did you have contact with any other attorneys, other than the three we just talked about?
MS. COATES: Object to form.
A. I met with one of the senior partners, Steve Reed.
Q. And on how many occasions?
A. One prior to my engagement.
Q. Okay. When was the first time that you were contacted about serving as an expert in any opioid-related case?

A. October 2018.
Q. Okay. And by who?
A. By Brian Ercole.
Q. Okay. Did you know -- I'm sorry.
What is Brian's last name? I'm not going to pronounce it well.
A. E-r-c-o-l-e.
Q. Ercole. Okay. Did you know Brian Ercole prior to being contacted in October of 2018?
A. No, I did not.
Q. Did you know anyone at the Morgan & Lewis firm prior to being contacted in October of 2018?
A. No, I did not.
Q. Okay. Do you know how Brian Ercole got your name as a potential expert witness?
A. Yes, from a physician colleague of mine.
Q. Okay. And who is that?
A. Dr. Joseph Pergolizzi.
Q. Is Dr. Pergolizzi your business partner?
A. Yes, he is.
Q. How long has he been your business partner?
A. We formed a company in 2016 called Melrose Pain Solutions.
Q. We're going to get into that a little bit more later, but can you tell me what -- generally

what Melrose Pain Solutions does?
A. Melrose Pain Solutions is a consulting company that goes into hospitals and helps them identify and treat complex patients with complex pain problems.
Q. Did Dr. -- had you ever been in business with Dr. Pergolizzi before?
A. No.
Q. Okay. Did Dr. Pergolizzi tell you that a law firm would be contacting you about potential testifying?
A. Yes.
Q. Okay. And what did he say about that?
A. He asked me if I would be interested and asked if it was okay if he passed my name along.
Q. Okay. And do you know -- had Dr. Pergolizzi been contacted as potentially testifying?
A. That, I don't know.
Q. Okay. Do you know how Dr. Pergolizzi got in contact with the Morgan Lewis firm?
A. No, I do not.
MS. COATES: Objection; calls for speculation.
Q. Do you know why Dr. Pergolizzi was not asked to be a testifying witness?

MS. COATES: Objection.
A. I don't know.
Q. Okay. Did Dr. Pergolizzi tell you any more than, I am going -- a group of lawyers is going to be calling you?
A. No.
Q. Did you ask him any questions about what that was all about?
A. As I recall, he told me it was about opioid litigation and he thought that it would be something I would be very interested in.
Q. What was your response when he told you that?
A. I'm very interested in participating in that.
Q. Why was that your response?
A. Because I'm -- I'm very passionate about this topic, and the problems of opioid misuse, abuse, and diversion have been a -- particularly, that -- that's why Melrose Pain Solutions came to be, to help hospitals understand and appropriately treat these complex patients when they enter a hospital system.
Q. And you're testifying for the defendants in this case?

A. That's correct.
Q. Okay. And I guess I always like to ask people this: Why did you feel it was important to testify for the defendants in the opioid litigation?
MS. COATES: Objection; form.
A. I think insofar as this case is about false claims and alleged inappropriate marketing, I feel that there was not inappropriate marketing and that marketing does not impact my decision to prescribe opioids, and, yet, I also feel it's important to maintain the ability to prescribe opioids for appropriate patients.
Q. Did you look at the marketing for any of the other defendants other than the Teva defendants?
MS. COATES: Objection; outside the scope.
A. For the purposes of this case, I have not, no.
Q. Outside of the Oklahoma litigation and -- actually, strike that.
For the purpose of either the Oklahoma litigation or this litigation, have you reviewed the marketing materials for any of the other defendants, other than the Teva defendants?
MS. COATES: Objection; outside the scope.
A. I have not.

Q. Have you been asked to?
A. I have not.
Q. Have you asked anyone to review any other marketing materials for any other defendant in this case?
A. I have not.
Q. Mr. Ercole called you in October of 2018. What did he tell you in that first conversation?
MS. COATES: And I'll just remind you that -- do not reveal the content of the conversations that you've had with counsel since you've been retained.
Q. So I'm asking before you were retained. So you can talk about these conversations.
I assume when Mr. Ercole first called you, you were not retained, correct?
A. Correct.
Q. Okay. In that first conversation, when Mr. Ercole called you, what did he tell you?
A. We talked a little bit about -- I don't recall specifically, just that he asked if I would be interested in working with Teva in this case, and I expressed my interest to do so. We arranged for me to meet with Steve Reed up in Philadelphia, which I then did, and we talked not specifically about the

case but specifically about pain management and opioid management and other alternatives of pain management.
I don't really remember the details. I spent about a half a day in Philadelphia. Then I -- we came to an agreement on the consulting arrangement.
Q. Okay. How long was the conversation with Mr. Ercole? I assume it was on the telephone; is that correct?
A. Telephone and e-mail.
Q. Okay. How long was the conversation on the telephone with Mr. Ercole when you first talked to him?
A. I don't recall, but I would imagine a few minutes. I don't remember any lengthy, lengthy conversation.
Q. Were you provided any materials by Mr. Ercole via e-mail in between the time you talked to Mr. Ercole and the time you met with Mr. Reed?
A. No.
Q. Okay. How soon after the first conversation with Mr. Ercole did you meet with Mr. Reed?
A. I don't recall specifically but within a couple of weeks.

Q. Is it fair to say that the first conversations, other than the initial conversation with Mr. Ercole, the conversations over e-mail were about the logistics of that meeting with Mr. Reed?
A. I think so, yeah.
Q. And I think you said you met for about half a day with Mr. Reed in Philadelphia. Would that roughly be in early November of 2018?
A. Roughly.
Q. Okay. Were there any other attorneys present at that meeting?
A. No.
Q. What did Mr. Reed tell you about the opioid cases?
A. I don't recall specifically.
Q. Do you recall in general?
A. Not really. We -- mostly he asked me a lot of questions about myself and my practice and my background and my -- my experience.
Q. Did he tell you which defendants he represented?
A. I don't think I knew at that time. I don't think I knew until I saw the -- the -- oh, I'm sorry, which?
Q. Did Mr. Reed tell you which defendants he

represented?
A. I understood at that time that it was Teva.
Q. Okay. Did Mr. Reed, at that time in that half a day, tell you anything about Teva's positions it was taking in the case or anything about the case?
A. No.
Q. He didn't give you any understanding of what the case was about?
A. I mean, I don't recall the details of what he said about Teva. And I don't know what was conveyed to me before and after I was retained.
Q. Okay. I'm just trying to get at what was conveyed to you about the case and what the case was about before you were retained.
A. From what I -- what I understood and I think was my understanding at the time, was that it was about marketing to physicians causing physician -- allegedly causing physicians to overprescribe.
Q. What were you told about the marketing to physicians that was at issue in the case?
A. My recollection is that it was off-label marketing and false marketing, alleged false marketing.
Q. Were you given any materials prior to

signing your retainer or your engagement letter in the case?
A. No.
Q. No case materials?
A. No.
Q. Okay. Were you given the complaint?
A. No.
Q. So you signed your retainer letter not having seen the allegations of the complaint?
A. I believe so, yes.
Q. Did you have any other meetings prior to signing your engagement letter other than the telephone meeting with Mr. Ercole and the half a day with Mr. Reed?
A. No.
Q. Do you know how soon after you met with Mr. Reed you came to an agreement with the Teva defendants to serve as an expert witness?
A. I believe within a few days.
Q. Okay. How were you able to determine that you could effectively serve as an expert witness for Teva if you hadn't reviewed the allegations of the complaint?
A. So my understanding is they -- that's based on my experience, my background, my extensive

experience treating patients with both chronic pain and chronic noncancer pain, that that is what qualified me to work with them.
Q. How did you know you would be supportive of the Teva defendants before reviewing any of the documents from the case?
A. I -- my understanding, again, was I was going to be asked to explain how physicians prescribe opioids, how we treat chronic pain, cancer and noncancer pain, how I feel as a physician I've been affected by marketing.
Q. Without reviewing the marketing, I guess my question is how did you know you'd be supportive of Teva's defenses with respect to its marketing before you ever reviewed it?
A. So prior to reviewing any of the material, I didn't know what Teva's defenses specifically were, and I had not reviewed the specific material, but overall, the company Teva, I felt very comfortable with my experience, my personal experience with the company, with the company representatives, and with the medications Actiq and Fentora insofar as it applied to my practice.
Q. You talked about coming to an agreement with Mr. Reed and the Morgan Lewis firm about serving as

an expert witness for Teva; is that right?
MS. COATES: Objection --
Q. Was that agreement in writing?
MS. COATES: -- mischaracterization.
A. I have an engagement letter and a contract.
Q. Okay. Are those two separate documents?
A. I'm not sure.
Q. Okay. Do you have copies of those two documents, or one document?
A. Yes.
Q. Okay. Have you -- okay.
What generally is that agreement that was made?
A. So I recall an engagement letter which specifically speaks to the -- my hourly compensation, and then I also recall having Teva's billing practices, I guess, which is general about what their policy is.
Q. What are generally the terms of your engagement with Teva in this case?
A. That I will be compensated on an hourly rate.
Q. And what's the hourly rate?
A. $600 an hour.
Q. Okay. And is -- does that hourly rate of

$600 an hour change for your deposition testimony time?
A. No, it doesn't.
Q. Would it change for trial time?
A. It does not.
Q. Okay. And when you entered into the engagement to serve as an expert witness for Teva, was that specific to any one case?
A. I don't believe so, no.
Q. Okay. So the engagement is an engagement generally to provide testimony in any number of cases that might arise where Teva is a defendant regarding opioids; is that fair?
A. I think so.
Q. Okay. You understand that there are over 1,000 cases in the multidistrict litigation?
A. I don't believe I knew that at the time.
Q. Do you understand that today?
A. I -- yes.
Q. Have -- is it your understanding your agreement with Teva could cover testifying in any number of those thousand cases?
A. Yes, that's my understanding.
Q. And is your retainer agreement with Teva, or is it with the Morgan Lewis firm, I guess?

A. I believe it's with the Morgan Lewis firm on behalf of Teva.
Q. And do you know who signed the retainer on behalf of Morgan Lewis?
A. I think it was Brian Ercole.
Q. Your rate of $600 an hour, did you negotiate that with the Morgan Lewis firm?
A. Yes.
Q. Okay. Did you start at a higher rate?
A. I started at a more complex rate of different -- my fee schedule has always been really more for expert -- for consulting agreements, for experts for consulting agreements, but really based on patients. So there would be records review -- it was a more complicated fee schedule, separating out records review from phone calls from in-person meetings from court testimony and deposition testimony.
And Brian -- we negotiated that it would be much simpler to have just one set hourly fee schedule.
Q. Okay. In your typical hourly -- or in your typical fee schedule for expert witness work, were there some rates that were higher than $600 an hour?
A. Not specifically on an hourly basis but, for

example, in my fee schedule, there would be a set fee for me going to court with a minimum number of hours in a day. I don't recall specifically what that is. And it's changed over the years.
Q. Where would I get a copy of your fee schedule? Do you retain one?
A. My office manager has that.
Q. How long have you had a fee schedule for expert witness work?
A. The fee schedule, to be clear, is not for expert witness work. It's my fee schedule.
Q. Fair. Okay. That actually makes a little more sense now.
We were talking about a fee schedule that you had sent, I believe, to Mr. Reed; is that correct?
A. To Mr. Ercole.
Q. Okay. Sorry. To Mr. -- I'm saying his name wrong. What is his last name?
How do you pronounce it?
A. Ercole or Ercole.
Q. Ercole. Okay. I'm going to say Ercole, and we're going to go with that.
MS. COATES: I pronounce it Ercole, but --
MS. DICKINSON: Okay.

Q. I'm going with --
A. And I've asked him, he says either is fine.
Q. That's really funny. Sorry, we got off track a little bit there.
You sent a fee schedule to Mr. Ercole, and is that the fee schedule for your general professional services, not just expert witness work?
A. That's fair, yes.
Q. Okay. And that's the fee schedule we were just talking about that had different components of what you charge for your time in doing certain activities; is that fair?
A. That's fair.
Q. Okay. And you use that for your activities as a doctor?
A. Yes.
Q. Okay. Did you have a fee schedule that was -- that related solely to expert witness work?
A. I do not.
Q. Okay. Had you ever served as an expert before the State of Oklahoma case?
A. We did cover this already. No, only for my patients.
Q. Fair enough. We talked about when you were a fact witness --

A. Right.
Q. -- at depositions?
A. Right.
Q. You had never been a paid expert before the Teva defendants hired you in these -- in the agreement we've just been talking about; is that fair?
MS. COATES: Asked and answered.
A. Well, I have been paid for the prior work I've done.
Q. Fair. Okay.
The depositions you talked about that you gave as a fact witness, were you paid for your time?
A. Yes, I was.
Q. Okay. Were you paid for the time in deposition?
A. Yes, I was.
Q. Okay. Were you paid for any other work done in those cases?
A. Yes, not just deposition but in review of records and phone calls with the attorney.
Q. Okay. Do you know what hourly rate you charged in those cases?
A. I don't recall. I do recall that for the deposition, it was $1500.

Q. $1500 an hour?
A. $750 an hour with a two-hour minimum.
Q. And was that true for each of the four to five depositions you had given in the past?
A. Yes.
Q. Okay.
A. And my fee for deposition is higher than my fee for reviewing records in my pajamas.
Q. What is your rate for reviewing records in your pajamas for those type of cases?
A. I don't recall, because I know it's changed over the years, but I think it was five, $500 or $550 an hour.
Q. And those rates would have been set out on this fee schedule you sent to Mr. Ercole; is that fair?
A. Yes.
Q. Okay. And after you sent the fee schedule to Mr. Ercole, how did the Morgan Lewis firm communicate that your rate would be $600 an hour?
A. It was through -- I was on a phone call with Mr. Ercole.
Q. Okay. And what was that discussion in that phone call?
A. He -- I -- my recollection is he said it was

complicated and could we just keep it simple at $600 an hour, and I agreed.
Q. Do any of your staff work on your engagement with Teva with respect to the opioid litigation?
A. Specifically what do you mean?
Q. Does anyone on your staff do any work under your engagement for the Teva defendants?
A. Other than prepare my invoice, no.
Q. Who does prepare your invoices?
A. My office manager.
Q. Who is that?
A. Susan Jasinski, J-a-s-i-n-s-k-i.
Q. Your office manager, she hasn't been paid independently by Teva for anything in this case; is that right?
A. That's right.
Q. You mentioned the Analysis Group.
When was the first time that you were in contact with the Analysis Group?
A. I don't recall the date specifically, but it was in connection with the Oklahoma case.
Q. Okay. Fair to say it was sometime after November of 2018?
A. That would be fair.
Q. Do you know roughly how many months after

November 2018 was the first time you were in connection with the Analysis Group?

A. I think -- I think -- I think it was in February.

Q. And what were you generally in connection with the Analysis Group about in February?

A. We had discussions in preparing what would be in my declarations for the Oklahoma case.

Q. Okay. I asked you a little while ago did you submit a report in the Oklahoma case. I may not have used the correct language.

Did you submit a written declaration?

A. I did not sub- -- well, it wasn't submitted by me. It was submitted by counsel.

Q. Fair enough. Did you submit the declaration to the Morgan Lewis firm in the Oklahoma case?

A. Yes.

Q. And when was that declaration done?

A. I don't recall the date. It was sometime in February or March.

Q. Just to get the time line correct, you were hired in roughly 2018. You submitted a declaration in the State of Oklahoma case in roughly February or March of 2019. You were deposed in March of 2019.

Is that time line accurate so far?

A. Yes.

Q. Okay. And you submitted your report in this case in May -- on May 10th of 2019; is that right?

A. That's right.

Q. Okay. For the February or March 2019 declaration, the first time you had connection with the Analysis Group was in February 2019; is that correct?

A. I don't remember specifically when. I don't recall if I met -- if I spoke with them in January but it was in preparation for the Oklahoma case.

Q. Okay. What was the Analysis Group going to do with respect to your declaration in that case?

A. Help me form -- help me form an outline, help me get access to the data, the specific Medicaid data in the Oklahoma case, provide -- we had a ShareFile where they provided me the reports that I was asked to review, specifically Dr. Beaman's testimony, Dr. Beaman's declaration.

Q. Who were you working with specifically at the Analysis Group?

A. A gentleman by the name of Mihran, and I can't pronounce his last name, Yenikomshian, or something. It's difficult to pronounce. It starts with a Y-e-n [sic]. His first name is Mihran,

M-i-h-r-a-n.

Q. N --

A. M as in Mary --

Q. M as in Mary, y- --

A. I --

Q. Man, I'm really butchering this. Can you spell it again?

A. M-i-h-r-a-n.

Q. Okay. And your best guess at the last name?

A. Yenikomshian.

Q. Yenikomshian?

A. Yenikomshian.

Q. Okay. I'm going to call him Dr. Mihran. Is that okay?

A. Mihran.

Q. Is he a doctor?

A. I don't think so.

Q. Okay. Is he a PhD?

A. I don't think so.

Q. Okay. Then let's just call him Mihran.

A. Okay.

Q. Does that make sense?

A. Yes.

Q. Okay. How many times in the course of getting your declaration ready for the Oklahoma case

did you talk to Mihran?

A. I don't recall. We had just a handful of phone calls, but we did most of our communication through our live, online product.

Q. Was Mihran working on the draft of that declaration with you?

A. He was working with me on the draft, yes.

Q. Okay. Who did the actual drafting of the declaration?

A. We did it together.

Q. When you say you "did it together," what does that mean?

A. It means -- well, we spoke, we talked about the content. We wrote it, really, together. I mean, it was presented initially as an outline of, you know, Dr. Beaman and the Medicaid data. And through our conversations, at my direction, they -- he would help me with the draft.

Q. Okay. Was Mihran also disclosed as an expert in the Oklahoma case?

A. No.

Q. Did you disclose Mihran in your declaration as someone you relied on for assistance?

A. Yes, I did.

Q. Okay. Did the Analysis Group assist in your

report that we've marked as Exhibit 2 and the appendices thereto in this case?
A. Yes.
Q. Okay. When was the first time you talked with the Analysis Group about this case?
A. I don't recall specifically, but it would have been after we finished with the Oklahoma case, after my deposition.
Q. Okay. So sometime after March of 2019?
A. Yeah, sometime after late March of 2019.
Q. Okay. Is your best estimate that you probably talked to the Analysis Group for the first time about this case in April, given your invoices start on April 11th?
A. I think so.
Q. Would there be detail, if we could see it, on Exhibit 6 that talked -- or showed how many times you talked to the Analysis Group?
A. No.
Q. How many times with respect to this case did you talk to the Analysis Group?
A. You asked me if there would be detail on how many times I talked to the Analysis Group on this case?
Q. Yes.

A. On the invoice, you --
Q. Yeah.
A. I don't know. Some -- some of my invoice would say "review," some would say "phone call with AG," somebody would say -- some of them would say "conference" or maybe "web conference with AG," but I don't know that every time I made an entry in my invoice, it would be specific on the specific activities surrounding that entry.
Q. Fair enough. That actually wasn't my question, just would we be able to find on this invoice, you know, which time entries you -- during which you talked to the Analysis Group, in general?
A. That's what I was trying to answer, is it may or may not say "AG." I know -- I know it said -- I don't know if it made it -- if it translated from my notes to that invoice when it was with -- with AG or just it says "review."
Q. Do you know how many times after -- or in April of 2019 and prior to your report in May -- on May 10th you talked to the Analysis Group?
A. No, I don't know how many times I talked to them.
Q. Was it less than five?
A. No.

Q. Was it less than 10?
A. Again, I don't know how many times would be considered talking to them and having a live webinar with them and going over ShareFiles versus having just phone calls, and I -- no, I don't know how many times that would be.
Q. Okay. How did you work with the Analysis Group in your report that we marked as Exhibit 2 on this case?
A. Most of our work was through the ShareFile. They would -- we would have a live draft, and then I would write extensive comments and revisions and send it to them, and they would have extensive comments and revisions and send it back to me. And that -- that went back and forth quite a bit.
Q. What did --
A. That was how most of the majority of our work was done.
Q. I'm sorry. I talked over you a little bit.
What did the ShareFile contain with the Analysis Group?
A. All of the background documentation that's in my Appendix B, all the materials considered, the other expert reports, the depositions, and all of my citations and the footnotes.

Q. Did it contain -- I'm sorry. Actually, was there -- is there any background documentation, publications, or other documents in the ShareFile that are not listed on Exhibit B?
A. No.
MS. COATES: Objection to form.
A. I don't believe so.
Q. Okay. Did the ShareFile with the Analysis Group contain a working draft of your report?
A. Yes, it did.
Q. Okay. Is it fair to say that members of the Analysis Group sometimes did a first draft of portions of that report?
MS. COATES: Objection to form.
A. I don't know about that because, you know, a lot of it would be verbal. So per our discussions, they would then maybe lay out the typeset, but it was really at my -- at my direction, and they were my opinions.
Q. And were you still working with Mihran at the Analysis Group when you were authoring the report in this case?
A. Yes.
Q. Were you working with anybody else at the Analysis Group?

A. I was working primarily with Mihran. He has a team, and there were other people frequently on the call.
Q. Who else were you working with?
A. I don't recall any of their names.
Q. Is it fair to characterize the process of authoring the report with the Analysis Group as a collaborative process between you and the Analysis Group?
A. Yes.
MS. DICKINSON: I think we've been going well over an hour. I thought we'd take a quick break. We'll try to keep this moving as fast as possible, if you're okay, like, five-ish minutes.
THE WITNESS: Sure.
MS. DICKINSON: Okay.
THE VIDEOGRAPHER: Off the record, 10:33 a.m.
(Recess from 10:33 a.m. until 11:03 a.m.)
THE VIDEOGRAPHER: On the record, 11:03 a.m.
BY MS. DICKINSON:
Q. Dr. Rosenblatt, we're on the record after a short break.
Just to clear one -- or a couple quick things up before we go into the next group of questions, Exhibit 2, we marked as your expert

report in this case; is that right?
A. Yes.
Q. Are all of the opinions that you intend to express as of today summarized in that report?
A. Yes.
Q. Okay. In other words, you don't have other expert opinions that were not disclosed in the record; is that right?
A. For today, that's right.
Q. Okay. Do you plan to render any additional opinions prior to trial that you're aware of today?
A. Not that I'm aware of today.
Q. Okay. Does your report and the appendices contain all the bases for your opinions in this case?
A. Yes.
Q. Okay. Are there any -- I think I asked you this earlier. There are no corrections to the report you need to make today?
A. That's correct.
Q. And there aren't any corrections or amendments that you're aware of that you'll be making prior to trial?
A. Right.
Q. All right. We were talking, just --

Counsel, off the record, let me know that when we were talking about the Oklahoma case that you are serving at -- or were serving as an expert witness in for the Teva defendants, you didn't do a declaration that you signed; is that right?
A. Right.
Q. It was what's called a disclosure that the attorneys in that case signed; is that right?
A. That's correct.
Q. Okay. We're going to get into Exhibit 3, which is your CV, coming up here, if you want to find that.
I have some questions -- some sort of preliminary questions before we get into the page by page of the CV, but that's the next document we're going to talk about.
Prior to being hired by Teva as an expert witness in the opioid cases, had you ever worked with Teva before?
A. Yes.
Q. Okay. When did you start working with Teva?
A. It was in 2015, I believe, and it was when I did the "Pain Matters" documentary on the Discovery Channel.
Q. Okay. Prior to 2015, had you ever worked

with Teva before in any capacity?
A. I don't think so.
Q. Okay. Had you ever worked with any of the other Teva defendants that we looked at in Footnote 2?
A. I don't think so.
Q. Okay. So 2015 was the first time that your relationship with Teva started; is that fair?
A. I believe so.
Q. Okay. Let's talk about the documentary that you just mentioned. It was called "Pain Matters"?
A. Yes.
Q. Okay. When was the first time that you were contacted with any -- or from anyone at the Teva defendants about that documentary?
A. I recall it was sometime in early 2014 -- early 2015. I don't remember exactly when, but I was contacted by a gentleman by the name of Jonathan. I can't remember his last name. And it was a phone call communication. He was from the Discovery Channel. He actually called and left a message. I returned his call.
I thought it was just a solicitous call asking me to give money to do an online promotional video, or something. But through our conversation,

it became pretty clear that this sounded like it was something very important if he was planning on doing a documentary about chronic pain and the impact it has on patients' lives and their caregivers.

So I agreed to do that, and then there was some months that elapsed. And I did -- I did not know other than it was for the Discovery Channel.

Q. Okay. So your first contract -- or contact with -- was with the Discovery Channel.

A. Yes.

Q. Did you have -- did you come to learn that Teva was involved in that project somehow?

A. At some point, I came to learn that. I don't remember if that was before or after shooting the actual documentary.

Q. What was their involvement?

A. Teva, I came to learn, sponsored it.

Q. Okay. And when you say "sponsored," does that mean funded it?

A. Yes.

Q. Okay. And do you know if you knew that before the documentary?

A. I don't -- I don't recall when I became aware of that.

Q. Do you know if any other pharmaceutical

defendants or pharmaceutical companies funded that documentary?

A. No, that was just Teva.

Q. In the course of working on the documentary, did you have any contact with anyone from the Teva defendants?

A. No.

Q. And when was the documentary filmed?

A. In 2015, I think in June.

Q. Did you -- have you -- at any time, other than the agreement we talked about with respect to the opioid cases, did you ever enter into any agreements with any of the Teva defendants?

A. No.

Q. You didn't enter into any speaker arrangements with the Teva defendants?

A. Oh, let me clarify. So an agree -- an arrangement. After that film -- after that documentary came out, Teva did ask me to be a part of the presentation of the film at multiple locations and at multiple instances. So at some of the Legislative Congress that I have listed on my CV, and I recall at a pain conference. The film or a portion of the film would be presented, and they had me representing the film and available for Q and

A about the film.

Q. Okay. Did you ever enter any -- enter into any written agreements with Teva about speaking arrangements?

A. I believe that would have been in some kind of a consult -- consultation agreement.

Q. And do you know when was the first time you entered into a consultation agreement with Teva?

A. I believe it was after the "Pain Matters" film, sometime in 2015.

Q. After the "Pain Matters" film in 2015 and between that time and the time you were hired regarding the opioid litigation, can we talk about your involvement with Teva?

Could you give me a summary of that?

MS. COATES: Objection to form.

A. Yeah. I'm sorry, but can you repeat that question?

Q. It's -- I was trying to get it out a little quicker. I can do this in a little bit longer way.

So in 2015, the "Pain Matters" documentary was filmed in June 2015, you said that you entered into some agreements with Teva to -- for some speaking engagements after that time; is that correct?

A. Yes.

Q. Okay. Who did you have contact with at Teva about those speaking agreements?

A. I don't remember.

Q. How many occasions did you talk to Teva in the negotiation of the speaking agreements?

A. I don't remember, really, any conversations in negotiating the agreement other than it being provided to me.

Q. At the conferences you spoke at -- and we'll talk about them specifically when we get to your CV, but at the conferences you spoke at, did you have any contact with anyone from Teva with respect to those conferences?

A. I remember having some contact with Teva. I forget -- I forget who it was with.

Q. How many times did you have contact with someone from Teva with respect to the conferences?

A. Several times.

Q. Okay. Do you know the department or division that person was in?

A. I don't recall.

Q. Okay. Other than speaking on the documentary "Pain Matters," did you do any other speaking on behalf or with respect to any of the

Teva defendants?
A. No, I don't think so.
Q. Do you know how many times you spoke pursuant to the -- the speaking agreement you did have with Teva?
A. I don't recall specifically, but I would imagine it was less than ten.
Q. Did anyone -- did you or anyone on your behalf distribute that documentary to anyone else?
A. Yes. I still have copies in the form of a CD in my office and I give it to patients on occasion, and I use it sometimes in my office in the waiting room.
Q. Do you use that documentary in marketing?
A. No. Well, yes, no. I have, at times, had it in my waiting room and I have, at times, had it on my computers in the exam rooms playing, but from a technical perspective, we weren't all that good at having that play consistently, although I -- I'm very proud of the documentary, as it stands.
Q. Do you have any idea, roughly, how many copies you've given out or someone has given out on your behalf over time of that documentary?
MS. COATES: Objection; calls for speculation.

A. A few, probably, you know, less than 15, 20, but mostly to family and friends.
Q. Have you -- other than the Teva agreement we just talked about, have you ever entered into any other agreements with other pharmaceutical companies?
A. Yes.
Q. Okay. Who are those?
A. Most are listed on my CV, most that I can recall, and they were mostly in the form of speaking agreements.
Q. When you said "most are listed" on your CV, could you take a look and tell me whether all are listed on your CV?
A. All that I can recall are listed on my CV. There may have been some occasions prior to 2010 that I wasn't regularly updating my CV, and I can't possibly recall everything that I've ever done. I've done the best I can and -- along with my assistant, my office manager, who is doing the best she can as well.
Q. Totally understood.
To the best of your recollection, the pharmaceutical companies for which you've had relationships with are listed in Exhibit 3?

A. Yes.
Q. Okay. We can go through those.
Did you ever apply to be a speaker with other pharmaceutical companies that are not listed on your CV?
MS. COATES: Objection; form.
A. It's not really the way it works. I don't recall any specific applications, so no.
Q. Did you ever discuss with other pharmaceutical companies that are not listed on your CV speaking arrangements?
A. Speaking arrangements specifically? No.
Q. Did you ever discuss with other pharmaceutical companies that are not listed on your CV working with them in any way?
MS. COATES: Object to the form.
A. You know, I can't recall specifically, but I know many reps have suggested that perhaps I could become a speaker for their company in the future, but no, nothing formal.
Q. Okay.
A. And nothing specifically that I can recall.
Q. And when you say "reps," which -- does that mean sales representatives?
A. Yes.

Q. Okay. And we'll talk about that a little bit later, but those are sales representatives that were meeting with you as a physician who was prescribing; is that fair?
A. That's fair.
Q. Okay. Do you know if the sales representatives that you've talked about potential speaking arrangements include sales representatives from Purdue Pharma?
A. I don't recall. It's possible. I mean, I write a lot of opioids. Butrans patch produced by Purdue is a medication I'm very comfortable and a proponent of and I would be more than happy to speak on behalf of Butrans patch but I don't recall specifically having a conversation or being asked.
Q. Is it fair to say that over your time as a pain management specialist, that you have met with a number of sales reps from Purdue Pharma?
A. Yes.
Q. Do you know how -- this is going to be a tough question because you've worked for a number of years, but do you know how many times you've done that?
MS. COATES: Objection; calls for speculation.

A. How many times I've done what?
Q. Met with sales representatives from Purdue Pharma.
A. I would have no idea.
Q. Was that a regular occurrence?
MS. COATES: Objection; vague.
A. At times, yes; at times, no.
Q. Okay. We'll do it -- I think what we'll do is when we go through your work history, I'll just ask you about whether you met with sales reps in that particular job, and we'll see if we can break it down that way. Does that seem better?
A. Sure.
Q. Okay. Over time, you talked about that various sales representatives have suggested that potentially you could become a speaker.
Do you know if any of those sales representatives represented Endo?
A. I don't know.
MS. COATES: Objection.
Q. Okay. Same question for -- do you know if any of the sales representatives that suggested you might become a speaker represented Insys?
A. No.
Q. You said that pretty emphatically.

Does that mean you never met with any sales representatives from Insys?
A. I -- I recall vaguely, maybe, an Insys rep coming, but it was not a product I prescribed.
Q. Is it fair to say that if you met with sales representatives from Insys, it was not a regular occurrence?
A. That would be fair to say.
Q. Do you recall meeting with any sales representatives from Allergan that suggested you might become a speaker?
A. I don't recall.
Q. Do you recall whether you met with any sales representatives from Mallinckrodt who suggested you might become a speaker?
A. Not that I -- not that I recall.
Q. Okay. Same question with respect to Johnson & Johnson or Janssen.
A. Not that I recall.
Q. Okay. Let's take a look at Exhibit 3.
Exhibit 3, again, for the record, is the updated copy of your CV, which we discussed a few additions had been made to the original exhibit for.
So we're going to take a look at the most updated version as we go, right? We're not going to

go back to Exhibit 4.
Where were you born?
A. Brooklyn, New York.
Q. Okay. Did you grow up in New York?
A. Yes.
Q. Okay. When did you leave New York?
A. 1995.
Q. Okay. And where did you go to college?
A. State University of New York at Stony Brook.
Q. Where did you go to med school?
A. Same place.
Q. Okay. Why did you decide to go to med school?
A. I wanted to become a doctor.
Q. Did you want to become a certain kind of doctor at that time?
A. No.
Q. Did you apply to other medical schools?
A. Yes.
Q. Did -- were you accepted at all the schools you applied to?
A. I was accepted at several.
Q. Were you rejected at any of them?
A. Yes.
Q. Which ones?

A. Harvard. I don't remember where else.
Q. Okay.
A. I got in -- I got into Downstate.
Q. Many of us -- many of us were rejected by Harvard.
A. I just remember that one specifically.
Q. How did you decide on going to Stony Brook medical school?
A. It was a financial decision.
Q. By "financial decision," does that mean it was more affordable?
A. $5,000 a year was tuition at Stony Brook at that time.
Q. Wow. Okay.
A. So, yes, it was more affordable. It was also a long time ago.
Q. When you were in medical school, did you have any profess- -- particular professors who served as mentors to you?
A. There were many.
Q. Okay. Can you think of any that served as mentors to you in the field of pain management?
A. No.
Q. Did you have a particular focus on pain management when you were in medical school?

A. No.
Q. Did you have a particular focus on anesthesia when you were in medical school?
A. No.
Q. Did you have any particular focus, or did you just go to general medical school?
A. During medical school I became very interested at some point in my second and third year in OB-GYN, and that's what I went into. That's where I matched.
Q. Did anyone in medical school teach you about the proper use for opioids?
A. I don't recall specifically much education around using opioids in medical school.
Q. Did -- when you say you don't recall much, do you recall whether you were taught in medical school whether opioids were safe and effective for long-term use?
MS. COATES: Objection; form.
A. We learned about opioids in pharmacology.
Q. What did you learn in pharmacology?
A. Seriously, I don't remember pharmacology from medical school, but we learned classes of medication and that opioids were, in general, scheduled drugs and subject to misuse, abuse, and

diversion.
Q. Were you taught in medical school that opioids were safe and effective to treat chronic pain?
A. No.
MS. COATES: Form.
A. Not that I recall specifically.
Q. Anyone in medical school teach -- or did you have any training in medical school about how to treat addiction?
A. Not -- I don't recall any specific treatments being taught in medical school.
Q. Any courses on how to identify someone in addiction during medical -- I'm sorry. Strike that.
Any courses in how to identify someone with addiction that you took in medical school?
A. You know, in our behavioral lectures and psychology and psychiatry lectures, I'm certain that we learned something -- some content around addiction.
Q. Okay. Specifically, did anyone teach you in medical school how to identify someone with an opioid addiction?
A. I can't remember being taught anything specifically around that.

Q. Okay. Your CV says that you -- that you went from -- it looks like. I just want to make sure this is accurate -- that you went from medical school to an internship; is that fair?
A. Yes.
Q. Where did you do your internship?
A. In East Meadow at Nassau County Medical Center.
Q. Okay. And that was in obstetrics and gynecology?
A. Yes.
Q. Did you want to be an obstetrician?
A. Yes.
Q. Okay. I don't know that I understand the difference of why you would go into an internship versus right into a residency.
Can you explain that to me?
A. An internship is the first year of residency. So I went into an OB-GYN residency.
Q. Got it. And that was at Nassau County Medical Center. Did you train under anyone in the internship at Nassau County Medical Center?
A. Yes.
MS. COATES: Objection to form.
Q. Who was that?

A. The chairman of the department was a Dr. Victor Halitski. I don't remember any of the physicians' names.
Q. Did you keep in contact with Dr. Halitski?
A. Briefly, after that, and then he was retired shortly after that.
Q. Was all of your work during that internship done in the hospital setting?
A. Yes.
Q. Did you administer opioid medications in that -- during that internship?
A. Yes.
Q. What types?
A. Mostly Stadol was the drug of choice at the time. It was a -- it was an agonist-antagonist that was widely -- widely used for labor and delivery.
Q. Were the opioids you administered always in a labor or delivery setting? Is that fair?
A. Yes.
Q. So only in an acute situation?
A. Yes.
Q. Okay. Were you taught anything in your internship about the appropriate use of opioids for chronic pain situations?
A. No.

Q. Okay. Where did you do your residency?
A. In Syracuse.
Q. Okay.
A. St. Joseph's Hospital Health Cent -- Health Sciences Center.
Q. Why the change?
A. Sometime during my first year of OB-GYN, I decided that I no longer wanted to be an OB-GYN physician.
Q. Why?
A. Lifestyle, burnout. I looked at the people ahead of me and the potential employment opportunities and I thought that they mostly looked miserable and I decided I wanted to have a better life, so I switched to anesthesia, which is something I had had significant exposure to, being in OB-GYN and doing a lot of surgical procedures, working alongside of anesthesiologists, I thought that that would be a better choice.
Q. Is it fair to say that in 1992, you switched your focus to becoming an anesthesiologist?
A. Yes.
Q. Okay. Did you have to apply for residency?
A. Yes.
Q. Okay. And did you apply to other locations

other than at St. Joseph's?
A. Yes.
Q. Did you apply anywhere outside of the state of New York?
A. Yes.
Q. Okay. Generally where -- what other locations did you apply to?
A. I don't remember.
Q. That's fair. Were there any locations that you applied to that you were not selected to enter the residency program at?
A. Well, that -- well, in general, the residency is a match program, so for the OB-GYN, that's where I matched. And for anesthesia, that was a spot that became available that I became aware of and I contacted the chairman directly and had an interview and was offered a position there and my boyfriend at the time was there, so that was where I wanted to be.
Q. What city were you in at St. Joseph's? Is that still Syracuse?
A. Syracuse.
Q. Okay. So you stayed in Syracuse?
A. Yes, for three years.
Q. Got it. Is that how you decided on

St. Joseph's, was you wanted to remain in Syracuse?
A. I wasn't in Syracuse. I was in East Meadow for OB-GYN.
Q. Fair. I'm sorry. I jumped a whole position.
Okay. What was the reason -- was one of the reasons to select St. Joseph's that you wanted to return to Syracuse?
A. Not return. I'd never been to Syracuse before.
Q. Okay. I misunderstood. I guess I misunderstood where Stony Brook is.
Where is that?
A. Eastern Long Island.
Q. Ah, okay. All right. Got it.
Okay. Why did you want to do your residency in Syracuse?
A. I had -- my boyfriend at the time was there, my best friend was there. I liked Syracuse, and I didn't know any better.
Q. Do you still like it?
A. Can't stand it.
Q. How long did you stay in Syracuse?
A. Three long years.
Q. Okay. Just during residency?

A. Yes.
Q. Okay. Who was the department chair that you contacted when you wanted to start in anesthesia at St. Joseph's?
A. Dr. Tony Ascioti, A-s-c-i-o-t-i.
Q. And did you train under Tony Ascioti?
A. Yes.
Q. Okay. Do you still keep -- did you keep in contact with Tony Ascioti after residency?
A. Yes.
Q. For how long?
A. Many years.
Q. Was Dr. Ascioti a mentor to you?
A. Yes.
Q. In the field of anesthesia?
A. Yes.
Q. Was your residency training focused on administering anesthesia in a hospital setting?
A. "Focused"? I mean, that was a very large component of it, yes.
Q. When you say "very large," was it 90 percent, or something?
A. You know, we had rotations through the outpatient surgery clinic as well, the outpatient surgery center, so primarily hospital-based, but

also outpatient surgery center.
Q. I see. That makes sense. Okay.
So was your training generally focused on administering anesthesia either during surgery or just postsurgery? Is that fair?
A. Fair.
Q. Okay. Would it also be fair to say that if you administered opioids during your residency training, that that was also in an acute setting?
MS. COATES: Objection to form.
A. Well, no, not necessarily. There was also -- they had a pain clinic, so I spent time rotating through the pain clinic as well. I don't remember at what point in my anesthesia training I first started rotating through the pain clinic, but it was a big part of that practice.
So the practice that I was a resident for was a large anesthesia group that had a critical care component and a large chronic pain component. That was one of the reasons I was interested in joining them.
Q. I see. Okay. And when you say "the pain clinic," what was the pain clinic called?
A. I don't remember. I think it might have been called "The Pain Center," but I'm not sure.

Q. Affiliated with St. Joseph's?
A. Yes, affiliated with the anesthesia group.
Q. What was the name of the anesthesia group that you were a resident in?
A. I don't remember. I don't remember.
Q. Was Dr. Ascioti heading that group?
A. Dr. Ascioti was the chair of the department, and the head of the group, I think, was an internal thing that would change. And the head of the pain team, the head of the pain department or the pain center was Dr. Robert Tiso, T-i-s-o, and Dr. Joseph Catania, C-a-t-a-n-i-a.
Q. I'm sorry. Give me the first name you gave me that was the head of the pain group.
A. Robert -- Robert Tiso and Joseph Catania.
Q. So did the head of the pain group change from Dr. Tiso to Dr. Catania at some point when you were in residency? Is that --
A. No, it was the two of them.
Q. Okay. So they co-led the pain group that you were --
A. Perhaps. The internal dynamics were not my business.
Q. Okay. Did you work directly with Dr. Tiso and Dr. Catania?

A. Yes.
Q. Is -- were they essentially teaching you with respect to pain management?
A. Yes.
Q. Was there anyone else that you would say did regular teaching of you during residency with respect to pain management?
A. I mean, all of them, to some extent or another, yes.
Q. How many physicians were in that group, roughly?
A. I -- more than 15 and less than 20.
Q. What were you taught in residency about the appropriate use of opioids for chronic pain?
A. Can you be more specific?
Q. Did you get taught anything in residency about when it was appropriate to use opioids for chronic pain?
A. Yes.
Q. What was that teaching?
A. That's really kind of difficult to generalize, but I was taught a lot about opioids. The focus of the training, however, was on nonopioids and other ways to manage pain and interventional techniques and the spinal cord

stimulator implants, the various epidurals, how to use a C-arm. It's a lot to learn in a short period of time.
Q. Were you taught about the safety or efficacy for using prescription opioids for longer than three months?
MS. COATES: Objection; form.
A. I don't recall being instructed on any length of time. We were generally taught that opioids were not first-line therapy. Having said that, I do recall using a lot of opioids. I remember some very, very sick and very sad cases of some very complex pain syndromes.
Q. Do you remember who was your primary teacher about the safety or efficacy of using opioids for chronic pain conditions?
A. That would be Dr. --
MS. COATES: Objection to form.
A. -- Dr. Tiso and Dr. Catania.
Q. Okay. Let's look at Exhibit 3.
If we could, we're going to try to briefly go through your work history. I know this is a little bit tedious, but I just need to get an idea of, sort of, what you were doing at different positions. And we're going to try to go through it

as quickly as we can.
You have a number of positions on here, but I think we can do it efficiently.
Let's actually start post medical school. Does that -- that's probably an okay way to do this, I think.
What was your first job out of residency?
A. That would be on the bottom of the second page: Anesthesiologist for the North Broward Hospital District, APA/Anesco from 1995 to 2000.
Q. Okay. And were you salaried at that position?
A. Yes.
Q. Do you know roughly how much you made?
A. $90,000 a year to start, and then I think one twenty.
Q. When did it shift to one twenty?
A. When -- when -- when they technically switched me from a part-time to a full-time position, which was technically, actually, the same number of hours.
Q. Always is.
A. But it became -- it just became a more secure position at that time.
Q. So did you start as a part-time

anesthesiologist?
A. When I was offered the contract, it was as a part-time anesthesiologist, which meant working, like, two weekends a month and five days a week and until all the cases were done. It was -- it was an amusing time, but at that time, in 1995, jobs in anesthesia were really scarce and really hard to come by. So I felt lucky to have a position, and I felt confident that starting there, they would, in short time, offer me a full-time partnership tract, which is what I wanted.
Q. Okay. Why were jobs scarce in anesthesia at that time?
A. It was supply and demand. There were a lot of -- a lot of anesthesiologists around. There were a lot of anesthesia training programs, and anesthesia had been the hot job, I think, for a while. And shortly after that time, many residency programs closed, resident -- residency training programs in anesthesiology closed.
Q. Did a lot of anesthesiologists eventually go into pain managements? Is that fairly common, in your experience?
A. It's not uncommon.
Q. And in that first job, you were working in

the hospital setting at North Broward; is that right?
A. Yes.
Q. Were you giving -- mainly giving anesthesia for surgeries in that job?
A. Mainly. I was also filling in for their pain physician who was the chairman of the anesthesia group at the time. His name was John Zelisko, Z-e-l-i-s-k-o. And so I would basically be his backup pain doctor.
Q. Okay. Was there only one pain physician at North Broward at that time, Dr. Zelisko?
A. He was the only pain physician in the anesthesia group. There was another pain physician that was not part of the anesthesia group.
Q. Okay. How much of your time during that first job were you spending filling in for Dr. Zelisko versus giving anesthesia for surgeries?
A. Only occasionally.
Q. When you say "occasionally," would that be, like, once a month, or something?
A. I would say it would be several times a month, but only in short increments.
Q. Okay. Were you treating patients only in the hospital during that job, or were you treating

patients on an outpatient basis?
A. Both. We had an outpatient pain clinic that was run by the hospital but staffed by our anesthesia group, predominantly Dr. Zelisko.
Q. Okay. And the outpatient pain clinic was affiliated with North Broward?
A. Yes.
Q. Okay. And when you talked about occasionally filling in for Dr. Zelisko, was that in the outpatient pain clinic?
A. Yes.
Q. Okay. In this position, your first job as an anesthesiologist at North Broward, who did you work under? Like, was there a chair of the department of anesthesia or pain management or something like that?
A. That would be Dr. Zelisko.
Q. Did -- was there a different chair for anesthesia versus pain management?
A. No.
Q. So Dr. Zelisko was the chair of anesthesia?
A. That's what I recall, yes.
Q. Did Dr. Zelisko give you any additional training on the appropriate use of opioids for chronic pain?

A. No.
Q. During this position at North Broward, did you have any interaction with pharmaceutical sales representatives?
MS. COATES: Objection; form.
A. I don't recall.
Q. Possible, you just don't remember?
A. Yeah, possible, but I think it would have been -- would have been along the lines of inhalational anesthetic agents and -- I don't -- I don't recall.
Q. That's what I was going to ask you.
Do you recall having any interactions with pharmaceutical sales representatives regarding prescription opioids?
A. Not that I recall.
Q. Okay. Your CV lists that in 1997 you also took a teaching position; is that correct?
It looks like clinical instructor, department of surgery, at Nova Southeastern University?
A. Yes, but that wasn't at Nova. That was still at the hospital where I would instruct their students.
Q. Okay. I'm just -- okay.

Tell me what you did in the position of clinical instructor in the department of surgery for Nova Southeastern.
A. The Nova medical students would come and rotate through our department.
Q. Understood.
How many medical students did you, kind of, have at any given time rotating with your department?
A. Only one at a time, and only a handful in total.
Q. Did you instruct those students that rotated through your department on the appropriate use of opioids for chronic pain?
MS. COATES: Objection; form.
A. My recollection is they were rotating through to learn anesthesia and the mechanics of anesthesia.
Q. So your teaching was more on the anesthesia front rather than pain management?
A. Right, and specifically for airway management.
Q. I notice -- I think I noticed on your CV that there appears to be a gap from the year 2000 to the year 2002 where I didn't see any work history

located, but it might just be a mistake.
During that time period, were you employed?
A. Yeah. And you're right. I think I left it off.
Q. So where were you -- it looks like you worked at North Broward until 2000.
Where did you go in the year 2000?
A. So -- yeah, I left that off. It was a sub- -- subconscious omission.
Q. Okay.
A. I was offered a job in a nearby town, in Delray Beach, to work for a physician by the name of Dr. Scott Berger, B-e-r-g-e-r. And he hired me to do both pain and anesthesia.
Q. Okay.
A. I think it is there. Wait. I can't even remember the name of the surgery center now. It was Delray Outpatient Surgery and Laser Center, and it was Boca Eye Associates.
Q. And do you see that on your CV, or are you reading from --
A. I don't. I don't see it.
Q. Why did you leave North Broward in 2000?
A. North Broward had been -- the group that I worked for, APA, Anesthesia Professional Associates,

was taken over by a group called Anesco, and the new management was -- just had a different style, and I wasn't happy working with the new management. That was six months.
And I met this other physician and an opportunity to do what I really wanted to do, which was really have a more full-time pain practice.
Q. What was it about the new management style that you didn't like?
A. Specifically, they had promised to provide me with more support staff around my pain practice and to really help make that more substantial, and they failed to do so.
Q. Why did you want to get more into the pain management field in 2000?
A. I really enjoyed the outpatient chronic pain management more than I enjoyed the inpatient anesthesia.
Q. Was any part of your decision to shift your focus into pain management financial?
MS. COATES: Objection to form.
A. No, but it was in lifestyle. So in anesthesia -- I had a little girl and I was working nights and weekends, and I could never get off for dinner. And the whole reason to leave OB-GYN to go

into anesthesia was to have a more manageable lifestyle sort of hit me flat in the face doing trauma anesthesia.

Q. Understood.

A. So at that new job with Dr. Berger, it was outpatient anesthesia, clinic, outpatient anesthesia, outpatient surgery center. So outpatient meant whenever the surgeries were done, I can go home, which turned out it wasn't as early as you might think in some cases, and I got -- had the opportunity to start a pain center mirroring his pain practice at the Delray Outpatient Surgery and Laser Center. I was beginning at a pain center at the Boca Eye Associates.

Q. Are you saying "eye associates"?

A. Eye, e-y-e, yes. Yes.

Q. In the practice with Dr. Berger, the outpatient surgery practice, were you generally administering anesthesia for outpatient surgeries?

A. Yes.

Q. Okay. Was that the vast majority of your time when you were working there?

A. No. The vast majority of my time was building a pain practice at the second surgery center that he had just gotten the contract at to

provide anesthesia and pain services at.

So that was called Boca Eye Associates. They had an outpatient surgery center where they did all the eye surgery, and I did a pain -- I opened -- I started a pain practice there.

Q. Was that pain practice specifically focused on post eye surgery patients or all parents with pain?

A. Not at all. It was all --

MS. COATES: Objection to form.

A. It was on all patients in pain.

Q. Okay. And you -- how much of your time in the time period wherever you worked with Dr. Berger, from 2000 to 2002, was spent on working with pain management patients versus administering anesthesia for surgery?

A. I'd say it was about 50-50.

Q. How did you come to work with Dr. Berger?

A. He contacted me to see if I would be interested in working for him.

Q. Had you known him before?

A. No.

Q. What did he tell you about the position when he contacted you?

A. Great hours, better lifestyle, opportunities

to start your own pain practice.

Q. Was it fair to say that Dr. Berger was envisioning expanding his practice to having a pain management practice and he wanted you to come work in that practice?

A. No. He already had a very busy pain practice.

Q. Okay. Understood. Now, I'm understanding, at least.

Is it fair to say that Dr. Berger had a busy pain practice and needed another physician to work part in that pain practice and part in the surgery center?

MS. COATES: Objection to form; calls for speculation.

A. No. He actually needed an anesthesiologist to help staff his surgery center, and his vision was to open a second location to do the same, both anesthesia and pain.

Q. And did you primarily work in that second location?

A. No. I worked in both.

Q. How much of your time was split between the two locations?

A. It's hard to remember. I'd say about 50-50.

Q. Okay. During the time that you worked for Dr. Berger, did you have any interaction with pharmaceutical sales representatives for prescription opioids?

A. Yes.

Q. Okay. Which companies?

A. I don't remember.

Q. Did you have interactions with Purdue Pharma sales representatives?

A. I don't remember.

Q. Okay. Did you have interactions with Endo sales representatives?

A. I don't remember any of the representatives or companies or products specifically.

Q. Okay. Were all of those interactions in your office?

A. Yes.

Q. Were any of those interactions going to lunches or dinners or anything outside the office?

A. So I take that back. All of my interactions, I'm certain at some point I went to some pharmaceutical dinners during that period of time, but I don't recall specifically.

Q. When you went to some pharmaceutical dinners were those pharmaceutical companies that were

selling prescription opioids?
A. Probably, but I don't recall specifically when I went to dinner programs, which dinner programs I went to, when they came to the office, when they brought us lunch. I don't recall any of the details.
Q. Fair enough. It was a long time ago. I'm just trying to get a sense of the general activities that the pharmaceutical sales reps were doing with the doctors like yourself.
So let's just talk in general, if you don't remember the specifics.
A. Okay.
Q. In general, one of the things -- one of your interactions with pharmaceutical sales representatives for prescription opioids would be going to dinners; is that fair?
A. Yes.
MS. COATES: Objection; asked and answered.
Q. Do you know how often that would occur on maybe a monthly basis?
MS. COATES: Objection; calls for speculation.
A. I don't think I would go to a program monthly. I think I would go every once in a while,

every couple or few months.
Q. Was this a -- what were the programs that were being offered at these dinners?
I'm just trying to get a sense of what was happening. Were you going to dinner with one person, or was there a speaker -- speaker program, or what was the program that you're mentioning?
A. When I would call --
MS. COATES: Objection.
A. -- programs, as I mentioned, they would be a format of a lecture presentation, a PowerPoint presentation given by a physician representing the product and the company for a group of attendees that were primarily physicians or healthcare providers.
Q. And those were on the subject of opioid medications at times?
A. At times.
Q. Okay. And who provided the dinner?
A. Who paid for the dinner?
Q. Right.
A. I would imagine that the pharmaceutical companies, but I don't recall specifically what programs I may have gone to in what years.
Q. Do you remember any of the drugs that were

being talked about at those programs?
A. Back in 2000, 2002? I really don't recall.
Q. Since 2000 to present, have you gone to similar dinners?
A. Yes.
Q. How regularly over that time period have you gone to those type of dinners?
A. Infrequently, but as my schedule permits and family and children and other commitments. So I'd say every once in a while I'd go to a dinner program, probably not more than two or three a year.
Q. Has the two or three a year been consistent over the time period from 2000 to 2018?
A. No, I think I used to go to more.
Q. What time period were you -- were you going to a little more than that?
A. I really don't remember.
Q. Would you say the early 2000s?
A. Yeah.
Q. You mentioned one of the other interactions with pharmaceutical sales representatives was that they might bring food or something into the office.
A. Yes.
Q. Okay. And was that happening during the 2000 to 2002 time frame?

A. Yes.
Q. Was that also happening from the 2000 to present time frame?
A. Yes.
Q. Okay. How often was that happening?
A. It's hard for me to sort it out because we would get lunches and visits from not only pharmaceutical reps of opioid and nonopioid products but also equipment reps and device reps.
So anesthesia, there are anesthesia-related activities, and specifically the ones I would have significant recall on would be the device companies -- so Medtronics, St. Jude -- companies that I would want to learn more of the nuances. And they would come out with new batteries and new sizes and new anchors and things that were really very relevant to how I practice medicine.
Q. And one of the groups that would come and present and bring lunch were pharmaceutical sales reps that represented companies that sold prescription opioids?
MS. COATES: Objection; asked and answered.
A. Well, specifically back in that period of time, 2000 to 2002, I think -- but I'm not sure -- that we would not have gotten any lunch or

presentations from opioid manufacturers because Dr. Berger did not prescribe opioids. So I don't think that that was part of our practice.
Q. Why did Dr. Berger not prescribe opioids?
A. That was his practice.
Q. Do you know why?
MS. COATES: Objection; calls for speculation.
A. Yeah, I don't know why.
Q. You never talked about that with him?
A. He -- it was just something that he didn't do.
Q. Did he ever tell you why?
A. This wasn't the way he saw the practice. This was an interventional pain practice.
Q. What do you mean by "interventional pain practice"?
A. Epidurals, nerve blocks, spinal cord stimulators.
Q. Was that your practice while you were working with Dr. Berger as well, not to prescribe opioids?
A. I think so, yes.
Q. Did you and Dr. Berger ever discuss that as that would be the practice of the clinics that you

were running?
A. I don't recall the conversation specifically, and this is a long time ago, but that was the practice.
Q. And did you follow that practice during the 2000 to 2002 time frame?
A. At the time, yes.
Q. Do you recall, during the 2000 to 2002 time frame, whether you ever met with any sales representatives from Purdue?
A. I don't recall. Again, I don't think they would have come into -- I don't think they would have been allowed to come into the clinic. I don't think that that was Dr. Berger's practice. I may have gone to dinner programs, but I don't recall back in 2000, 2002.
Q. Okay.
A. I can speak freely and easily later after that time, when I opened my own private practice in 2002.
Q. I think we'll talk about that next, just to take it in increments.
A. Okay.
Q. I'm just trying to figure out the certain time periods.

Do you recall during that time period any other specific manufacturers of opioids coming in and bringing lunches?
A. I do not.
Q. Okay. And probably because it was Dr. Berger's practice not to interact with those folks; is that accurate?
A. That would be true.
Q. Okay. Did Dr. Berger have a policy not to interact with pharmaceutical sales reps who sold prescription opioids?
MS. COATES: Objection.
A. No, I don't believe so.
Q. Did he ever tell you that you should not do that as well?
A. No.
Q. Other than lunchtime presentations and the dinners we talked about, during the 2000 to 2002 time frame, did you ever interact with pharmaceutical sales representatives selling prescription opioids in other situations?
MS. COATES: Objection; form.
A. Not that I recall.
Q. Okay. Let's talk about 2002. Okay? Did you leave Dr. Berger's practice?

A. Yes.
Q. Why?
A. We -- I didn't feel that I was being treated fairly as a partner.
Q. In what way?
A. I just -- he -- I wanted to become a partner in the practice in which I worked, and he -- that wasn't available. He wasn't offering that.
Q. Did -- do you mean an equity partner?
A. Yes.
Q. And so -- I was going to ask that question a minute ago.
You were not an equity partner with Dr. Berger; is that --
A. I was not.
Q. Okay. Were you being paid a salary?
A. I was being paid a salary.
Q. What were you being paid?
A. $120,000 a year.
Q. Okay. Do you have any idea, during that time period, what Dr. Berger was being paid?
A. I don't -- well, he wasn't being paid, he was making. So he owned -- he owned a portion of the surgery center, he owned the practice.
Q. Did he have other partners?

A. I believe he had never had a partner. He did have another physician with him that joined him when I left.
Q. Okay.
A. No, no, that -- he had another physician that left him when I joined.
Q. Did you have any -- did you have a good relationship with Dr. Berger?
A. We had a fair relationship. He wasn't happy when I left. I think he was irritated when I left.
Q. Did you have any continuing involvement with Dr. Berger after you left?
A. No.
Q. Did you leave on good terms?
A. Yeah, I'd say so.
Q. I take it you weren't terminated?
A. No.
Q. I have to ask.
Okay. So that was in 2002 you left to start Pain Management Strategies; is that right?
A. Yes.
Q. Okay. What is Pain Management Strategies?
A. Pain Management Strategies is my -- my practice.
Q. Okay. And that has been your practice since

2002?
A. Yes.
Q. Okay. And where, in 2002, was Pain Management Strategies located?
A. On 1 W Sample Road in a suite number I don't recall, upstairs where I subleased space two half days a week from Dr. Samuels.
Q. Was Pain Management Strategies, Inc., located there until recently?
A. Pain Management Strategies, Inc., relocated in the same building a couple of times. So when I first started in 2002, I was subleasing space from Dr. Jeff Samuels two half days a week. And then, when space became available in that building, I took on Suite 104, so 1 W Sample Road, Suite 104. And I was in that space for many years. I expanded to the space next door, to 106. And then the ownership of the building changed and then my 104 lease was not renewed in October of 2018, so I moved all of my office into 106, which was too small for my entire practice and it was a temporary measure and then I moved into my new space on Hillsborough Boulevard April 1st of this year.
Q. Of this year?
A. Yes.

Q. Okay. That's what I was going to ask.
So generally, you were located at the 1 Sample Road address, different suites, from 2002 to this year, 2019?
A. Yes.
Q. And your space on Hillsborough Boulevard, is that a larger space?
A. Yes.
Q. Okay. Why did you move to that space, because it was larger?
A. Because they had terminated my 104 lease so I couldn't possibly survive my practice in 900 square feet that was 106.
Q. Did you need a bigger space?
A. I needed more space than 106. I was fine in the 104 and 106 combined.
Q. Okay. What does Pain -- what has Pain Management Strategies -- what do they generally do? What does that practice do?
A. Interventional pain management and medication management primarily.
Q. What do you mean by "interventional pain management"?
A. Anything that basically involves a needle or cutting, so epidurals, nerve blocks, trigger point

injections, facet joint injections, transforaminals, occipital nerve blocks, peripheral nerve blocks, carpal tunnel syndrome, joint injections: Hips, shoulders, knees.
Q. What do you mean by "medication pain management"?
A. Medication management is any medication that I prescribe to help with somebody's pain, so both opioid and -- opioid and nonopioid pain medications.
Q. And has Pain Management Strategies always performed both interventional pain management and medication pain management?
A. Yes.
Q. What portion of Pain Management Strategies' pain management work is interventional versus medication?
A. I don't know how to decipher that number because the majority of patients have both.
Q. When you say "the majority," is it the vast majority?
A. I don't know --
MS. COATES: Objection to form.
A. I don't know what "vast" means or even what "majority" means, but a significant number of patients have -- are appropriate for both

interventional and noninterventional pain management techniques.
Q. What is your -- what was your role when you started Pain Management Strategies, at Pain Management Strategies?
A. I own the company. I'm a physician, medical director.
Q. Do you have any other physicians that have worked with you since starting Pain Management Strategies?
A. Yes.
Q. Who?
A. Dr. Paul Roa, I hired in, I think, 2016.
Q. Any other physicians that have worked at Pain Management Strategies?
A. No.
Q. Any other medical professionals such as a nurse practitioner or someone else in the medical profession?
A. Yes. I currently have two full-time nurse practitioners. I have had other nurse practitioners and physician assistants in the past.
Q. What was -- since 2002 to present, what was the greatest number of either physician's assistants or nurse practitioners that you had working in any

given year at Pain Management Strategies?
MS. COATES: Objection; form.
A. Generally, one, one at a time. So I've had -- you know, I've had one PA. When they would leave, I would replace them. When I had that physician, I had one nurse practitioner. When that physician left, I hired a second nurse practitioner. So I currently have two nurse practitioners, which is the most I've ever had at one time.
Q. Are all of those professionals, nurse practitioners and physician's assistants, able to write prescriptions?
A. No.
MS. COATES: Objection.
Q. Are any of those able to write prescriptions?
A. Yes.
Q. Who?
A. The nurse -- in the state of Florida, nurse practitioners recently became able to prescribe controlled substances. One of my nurse practitioners has her own DEA license, the other does not.
Q. Can you give me a sense -- I don't want to belabor this too much. I just want to get a sense

how large your patient population has been from 2002 to present. Can you give me the evolution of generally how large it has been at Pain Management Strategies?
MS. COATES: Objection; form.
A. Back in 2002 when I started, I did both and I still do both inpatient and outpatient pain management. So my inpatient census, I would consider separate from my office practice.
So in my office in 2002 when I started, I remember, you know, four or five patients in the office would be a busy day, but that was, I think, expected in a brand-new practice. And I currently, in my office, see probably about 30 patients a day and, in total, maybe more than that. In addition, probably another 10 to 15 procedures a day in my office.
Q. What kind of procedures are you doing in the office?
A. Epidurals, nerve blocks, trial spinal cord stimulators, peripheral nerve blocks, joint injections, facet nerve injections, facet radiofrequency ablations, occipital nerve blocks, carpal tunnel injections, hips, joints.
Q. How long has it been true that your practice

is kind of the 30-patient-a-day range rather than the four or five a day when you first started?
A. For a significant number of years.
Q. Would it be fair to say that it took you a couple of years to ramp up to a number of patients but that 30 or so a day has been common since, let's say, 2004 or '5-ish?
MS. COATES: Objection to form.
A. Yes.
Q. And I'm just trying to get a sense of it. Since about 2004 or '5, were you still doing 10 to 15 procedures, roughly, a day in that time frame to present?
A. Probably less, but, you know, it's been -- back -- back initially, I didn't have a C-arm in my office. And a C-arm is a -- is basically x-ray equipment, continuous x-ray equipment called a C-arm or fluoroscopy.
So before having that in my office, I would schedule one day a week in the hospital to do my procedures in the endoscopy suite.
Q. You mentioned that some of your practice for Pain Management Strategies was in the hospital. Is that what's listed here as Broward Health North Hospital?

A. Yes.
Q. Okay. Can you just tell me which -- you know, since you started in 2002, how much of your time is spent at the hospital setting versus how much of your time is spent in the clinic?
A. So back in 2002, more of my time was spent in the hospital because I didn't have that many patients in the office.
Q. Okay.
A. But the office, understand, is on the premises of the hospital. So it's very easy to go back and forth and very difficult for me to answer your question for that reason.
Q. I understand.
Okay. So the clinic is located near or on the premises at Broward Health North?
A. Yes.
Q. Okay. Has that always been true until this most recent move in 2019?
A. Yes.
Q. The most recent move in 2019, is that at or on the premises of the hospital?
A. No.
Q. Okay. I'm just trying to get a sense of the practice at Pain Management Strategies.

How much of that practice is treating chronic pain patients versus treating acute pain patients?
A. So at the practice, it's predominantly chronic pain. But understand, at the same time, I have a large inpatient practice where I have a -- I get consulted to see pain patients in the hospital.
Q. So can you help me understand how much of your time is spent seeing patients in the hospital, as you've just described that you consult on, versus the chronic pain patients that you see in the clinic?
A. Yes. Quite specifically, I start my day at 6:00 a.m. at the hospitals. Actually, there's three hospitals. And then, usually by 9:00 or 9:30, I'm in my office, and I work until about 3:00.
Q. In your -- in clinic practice, what rough percentage of your patient population are chronic pain patients?
A. I'd say more than 90, 95 percent.
Q. Okay. And of those chronic pain patients, how many of those are on opioid medications?
A. I'd -- if I had to guess, I'd say about half.
Q. Has that always been the case from 2002 to

present?
A. Yeah.
Q. Okay. It was not the case, then, that in 2002, let's say, to 2007 or '8, that you had -- more than 50 percent on prescription opioids?
A. No.
Q. So your practice with respect to prescribing prescription opioids to your chronic pain population has not changed since 2002 to present?
A. No, not really.
Q. Did you ever see any need to change your practice from -- regarding prescribing opioid medications to chronic pain patients from the time period 2002 to present?
A. Not really.
Q. Are you -- have you always been the sole owner of Pain Management Strategies?
A. Yes.
Q. Do you have any investors?
A. No.
Q. Has anyone outside of yourself contributed to paying for any of the expenses at Pain Management Strategies?
A. No.
Q. When you had your office moved to the new

location, did anyone else contribute to either the purchase or the renting of that space?
A. No.
Q. I'll just go to -- oh, I know what I needed to ask you.
So during the time that you were at Pain Management Strategies, we're talking now from 2002 to the present, I do want to talk about the interaction with the pharmaceutical sales representatives. I think you mentioned earlier that that was the time period where you would have had interaction with pharmaceutical representatives?
A. Yes.
Q. Okay. Let's talk about -- so during that time period did you have interaction with pharmaceutical sales representatives who were selling opioid medications?
A. Yes.
Q. Okay. What companies do you remember?
A. Offhand, the ones that are listed on my CV and I'm certain many others but I don't have specific recollection of the interactions.
Q. When you say the ones that are listed on your CV, where are we talking about?
A. The -- under the -- where I was a speaker.

Q. Okay.
A. So Depomed, Daiichi, BioDelivery Sciences, US WorldMeds, Collegium, Pfizer, Alpharma.
Q. What were the types of interactions you had with those companies that are listed on your CV while you were working at Pain Management Strategies?
A. So these companies listed on my CV I was part of their speaker program.
Q. Okay. Other than being part of a speaker program, which we'll talk about a little later, did you have other interactions with pharmaceutical sales representatives?
MS. COATES: Objection; form.
A. Well, certainly the companies that I was a speaker for, I would have had interactions with them in my office.
Q. Okay. My question was a little different. Outside of the ones we just mentioned that are on this speaker series, did you have interactions with other representatives, sales representatives, from pharmaceutical companies that were selling prescription opioids?
A. Yes.
Q. Okay. Which companies?

A. I don't remember.
Q. Do you remember interacting with any sales representatives in the time period 2002 to present from Purdue?
A. Yes.
Q. Okay. How often?
A. A handful of times.
Q. Always in your office?
A. More recently, I think, I went to a dinner program for Butrans patch. I don't remember going to any dinner programs back in the early 2000s. Mostly my practice.
Q. Do you remember interacting with any sales representatives from Purdue about OxyContin?
A. Yes.
Q. In what time period?
A. In the early 2000s.
Q. In your office?
A. Yes.
Q. Always?
A. I don't recall specifically outside of my office.
Q. Do you recall any instance in which you were taken to lunch or dinner by representatives from Purdue Pharma?

A. No, I've never been, that I recall, taken to lunch outside of a formal program presentation.
Q. Okay. Do you recall being taken to lunch or dinner outside of a formal dinner presentation by representatives from any of the companies selling prescription opioids?
A. No.
Q. Okay. Do -- when you had interactions with Purdue sales representatives, did they come into your office and bring lunch, dinner, food, anything like that?
A. I don't remember if they brought food but I do remember them coming by, drop off product information, answer any questions I might have.
Q. I was just going to ask, when they came by, what did they do?
A. They would ask if I had any questions, they would, you know, try to get as much face time with me as possible, and give me some product information.
Q. Did you know or do you know any of the sales representatives from Purdue Pharma?
A. No.
Q. You can't remember any of the names?
A. I can't remember.

Q. Okay. What about Endo, do you remember from the time period 2002 to the present, sales representatives from Endo that were selling prescription opioids, being in your office?
A. I don't recall what products they sell, so I would remember it by product more than by company.
Q. Do you remember anyone selling Opana?
A. Yes.
Q. And were the interactions with the representatives selling Opana the same as you just described, where sales representatives came into your office and dropped off materials, or were those interactions different?
MS. COATES: Objection; form.
A. I think I had a lunch with Opana. I think I even was on a webinar of some kind, and it might have been speaker training, but I don't recall, but it was something educational in the form of a web presentation that I did at home in the evening.
Q. Okay. Did representatives selling Opana ever come into your office and bring food or lunch or anything like that?
A. I think so.
Q. How many times, roughly?
A. I don't recall. A few.

Q. And what time period was that in?
A. I don't recall.
Q. Early 2000s or much more closer to present?
A. I don't know.
Q. Okay.
A. When was Opana released?
Q. What about representatives from Mallinckrodt, did you ever meet any sales representatives from Mallinckrodt?
A. Again, what drug would that be?
Q. That's a good question. I can't remember all the names. I'll have to pull them. Do you remember meeting anyone from the company Mallinckrodt?
A. Again, I'm better with drug names than company names.
Q. Okay. Over time, we talked about one time when you might have attended a lunch program with Endo. Were there other pharmaceutical sales representatives that took you to lunch outside the office?
MS. COATES: Objection; asked and answered.
A. I don't recall any meals outside of formal PowerPoint programs.
Q. Got it. What is your current income from

Pain Management Strategies, what was last year's income?
A. You mean my -- on my tax return specifically from the practice?
Q. Yes.
A. Boy. I don't know how my accountant would break that up, but I know my total income was about -- from all sources, was about $800,000.
Q. Okay. Of the $800,000, what were the various sources of income last year?
A. Speaker programs and whatnot were about $50,000 of that, maybe $70,000, I don't recall. And the rest would be basically through my practice.
Q. And does that practice currently consist of your work at Pain Management Strategies and also obviously at Broward Health North until recently?
A. Yeah. It's all through Pain Management Strategies.
Q. Okay. Do you work for any other entities other than Pain Management Strategies currently?
A. Technically, yes, because part of my practice is divided into South Florida Pain and Wellness, which is a portion of my practice that doesn't participate with insurance, so it's separate but it all falls under Pain Management Strategies.

Q. What is South Florida Pain and Wellness?
A. It's another company, entity that I own. It's an LLC that operates out of the same office. So for my noninsurance practice, for my -- the services that my practice offers that wouldn't be covered under insurance, such as medical marijuana, ketamine infusions, weight loss, bioidentical hormones.
Q. When did South Florida Pain and Wellness come into existence?
A. It came into existence, I created it -- I'm not sure of the date but a couple years ago. It only started really functioning a few months ago as a separate entity.
Q. Why did you start that as a separate entity?
A. My consultant advised me that it was better to keep my insurance practice separate from all the other services that we offer that aren't involved with insurance.
Q. Do you prescribe opioids in your practice for South Florida Pain and Wellness?
A. The only medication that South Florida Pain and Wellness would be prescribed under a patient being seen by South Florida Pain and Wellness would be Suboxone.

Q. And what is Suboxone?
A. It's Buprenorphine with Naloxone and it's medication -- it's a treatment for opioid abuse disorder, opioid withdrawal, opioid dependence.
Q. How many patients do you have on Suboxone currently?
A. I would be guessing, probably about 80, 80 to 100.
Q. And how long have you been treating patients using MAT?
A. Since about --
MS. COATES: Object to form.
A. -- 2004.
Q. So are all of your MAT patients being seen through South Florida Pain and Wellness?
A. Yes.
Q. How many patients are seen -- are currently in the patient population at South Florida Pain and Wellness?
A. In addition to the MAT patients, there is bioidentical hormone replacement which is a pellet that goes under the skin and helps people with hormone deficiencies, so that's growing a new, probably about 40 or 50 patients for that. Ketamine infusion is something we just started offering, so

that's brand-new.
Q. How many patients do you have on ketamine infusion?
A. Two.
Q. What other services are you offering at South Florida Pain and Wellness?
A. Weight loss.
Q. How many patients are you treating in the weight loss portion of that practice?
A. That's overlapping with the bioidentical hormones.
Q. So 40 to 50?
A. Something like that, yeah.
Q. You mentioned medical marijuana, how long have you been administering medical marijuana?
A. I can't recall exactly when I got my license or got registered as a medical marijuana prescriber, but about a year.
Q. How many patients do you have on medical marijuana?
A. I'm not sure. I'd say -- be guessing, maybe about 30 or 40.
Q. Are there other parts of the practice that we have not discussed that you're performing at South Florida Pain and Wellness?

A. Not that I can think of offhand.
Q. Okay. And none of your patients at South Florida Pain and Wellness are being prescribed prescription opioids, other than Suboxone?
MS. COATES: Objection; form.
A. No, that's not true. There might be patients who are Pain Management Strategies that decide to have weight loss or bioidentical hormones or ketamine infusion. So there is some patients that would be in both practices.
Q. How many patients in your South Florida Pain and Wellness practice do you think are on prescription opioids?
A. I'd say less than 20 percent. Excluding Suboxone.
Q. Fair.
MS. COATES: I don't know if you're at a good stopping point but lunch is ready whenever.
MS. DICKINSON: I know. I was going to try to get through this portion and we can stop. I think it makes sense. It's not going to be quite as tedious, I think, after that.
BY MS. DICKINSON:
Q. Okay. We talked about -- we were talking about interaction with pharmaceutical sales

representatives and you said that it was a little easier if I used the names of the drug rather than the companies. Do you remember that?
A. Yes.
Q. Okay. I am going to try to do a few of those. I think we talked about Purdue, already, and OxyContin and Butrans.
A. Yes.
Q. During the time that you've run Pain Management Strategies, did you meet with pharmaceutical sales representatives that were selling Actiq or Fentora?
A. I think so.
Q. How often?
A. Not often.
Q. Okay. Did you meet with pharmaceutical sales reps that were selling Duragesic?
A. I think so.
Q. Okay. How often?
A. Not often.
Q. Okay. When you say not often, what do you mean by that?
A. One to three times, three or four times.
Q. One to three times per year?
A. No, total.

Q. Okay. Did you -- during the time you've run Pain Management Strategies, did you meet with sales representatives who were selling Nucynta?
A. Yes.
Q. How often did you meet with sales representatives that were selling Nucynta?
A. So sales representatives selling Nucynta was actually on my CV under Depomed.
Q. Okay.
A. And fairly often, to answer your question, several times a month.
Q. Okay. And were those all in the office, these meetings?
A. The meetings with the sales rep in my office occurred as well as dinner programs that I was giving the presentation.
Q. Okay.
A. And the rep would be there as well.
Q. The dinner presentations, are they the same presentations that are listed on your CV here?
A. Yes.
Q. Okay. We're going to get to that in a little bit but other than the dinner presentations listed on your CV, were all the meetings with the sales representatives otherwise in your office?

A. Yes.
Q. Okay. And how often were sales representatives in your office?
A. Several times a month for a period of time.
Q. What period of time?
A. I don't recall. I'd have to look at my CV.
Q. Well, would it be safe to say that it was probably from 2008, maybe, to present, when Nucynta went on the market?
A. No, I would say it was more around -- later, 2016, 2017, because that's when I did those lectures.
Q. Okay. And what was it about the fact that you were doing lectures, regarding Nucynta, that would make the sales reps be in your office more? I don't understand, I guess.
A. That's just when I would have absolute recollection of having activity with the company.
Q. And Nucynta is sold by Johnson & Johnson?
A. At the time it was sold by Depomed, when I did work with them.
Q. Okay. What relationship does Depomed have with Janssen or Johnson & Johnson?
A. I think Depomed sold to Janssen or Johnson & Johnson.

Q. Do you know when?
A. I don't know.
Q. At the time you were interacting with representatives over Nucynta, were they always representatives for Depomed?
A. Yes.
Q. Okay. During the time you ran Pain Management Strategies did you have any interactions with sales representatives selling Subsys?
A. I think so.
Q. Okay. How often?
A. Maybe once.
Q. Okay.
A. Again, you know, a lot of reps would come into my office and leave behind material. I didn't always have the time to meet with them myself.
Q. Okay. Understood. At times did you meet with them yourself?
A. With Subsys, I don't recall.
Q. With other products did you meet with them?
A. Oh, yes.
Q. Okay. Did you meet with representatives that were selling Exalgo?
A. I think so.
Q. Okay. Do you remember how often?

A. Once or twice.
Q. Okay. Did you meet with representatives that were selling Roxicodone?
A. I don't think so.
Q. Did you meet with representatives that were selling -- I'm not sure I'm going to pronounce this right but Xartemis, is that right?
A. Yes and no.
Q. Yes, that's right and no you didn't meet with them?
A. Correct.
Q. Did you meet with representatives selling Methadose?
A. No.
Q. Did you meet with representatives who were selling Kadian?
A. Yes.
Q. Okay. How often?
A. Often, and you know, several times a month for a period of time back in around 2005, 2006.
Q. And were all of those, outside of those that are listed in your CV, in your office?
A. Yes. The specific lectures are not listed on my CV.
Q. Okay.

A. Other than the national sales meeting in 2005, I did many dinner programs for Alpharma for the drug Kadian many times. I don't recall how many.
Q. Let me -- since it's not in your CV, I kind of have to ask. When was the first time you had a relationship with Alpharma where you were giving lectures?
A. It's in my CV from 2004 to 2006.
Q. Okay. And was that the only time period that you were giving dinner lectures on behalf of Alpharma?
A. Yes.
Q. Okay. Then -- and you think that the time period where you were meeting with sales representatives for Kadian was that same time period or was it a longer time period?
A. It was that same time period.
Q. Okay. And I think you said you were meeting with representatives quite often. How often?
A. I would say a few times a month in my office.
Q. Okay. During those few times a month, what kinds of things were being discussed?
A. I don't recall.

Q. Were they meetings in which the sales representatives were trying to convince you to sell Kadian, is that fair?
A. I don't think I would frame it quite that way. I think they were coming by to have an interaction, you know, to have a face to face time with me to be available to answer my questions, to show me new materials, perhaps.
Q. Do you know the names of any of those sales representative?
A. The name of my sales rep's first name was Michael. I don't remember his last name.
Q. Did you keep in contact with Michael after the 2006 timeframe?
A. For some time, yeah.
Q. Do you still?
A. No.
Q. You don't know what his last name is?
A. No.
Q. Do you know when the last time you saw him was?
A. Many, many years ago. He was pretty sick. He had cystic fibrosis.
Q. Okay. During the time period dealing with Pain Management Strategies were there sales

representatives in your office who were selling Norco?
A. Not that I recall.
Q. Okay. You mentioned Butrans. During the time that you were -- that you have owned Pain Management Strategies, did you interact with representatives selling Butrans?
A. Yes.
Q. Okay. How often?
A. I would say for a while maybe monthly.
Q. Same representative?
A. I don't remember who the rep was but I think so.
Q. Okay. What about Hysingla?
A. I briefly remember meeting, maybe having lunch with a Hysingla rep, but not is a regular occurrence, maybe once or twice.
Q. What about Targiniq?
A. No.
Q. What about Dilaudid?
A. No. I take that back, there was a drug called Palladone, I don't know who made it.
Q. Okay. I was actually going to ask about that. Did you ever have any meetings with sales representative selling Palladone?

A. Yes.
Q. When?
A. I don't remember the year and maybe once or twice in my office.
Q. Okay. Were those Purdue reps?
A. I don't -- I don't know.
MS. DICKINSON: I can round some of this out quickly and then maybe we can take a break.
Q. So I wanted to go to your CV, during the time you owned Pain Management Strategies, so there are a number of, it looks like, surgical centers that you worked at listed on your CV. Can we just go through and you can tell me for each one what you were doing there during that time and how much time you spent there? That's just what I wanted --
A. I can make it real easy for you, there is basically surgical procedures that I do. There is variations on them. One is intrathecal pump implants, which includes putting intraspinal catheters, so there might be a catheter revision or removal or replacement, or a pump replacement or removal, or replacement. And for a spinal cord stimulator, same thing, there is two wires basically, the two electrodes and a battery, so there may be battery revision but it's all around

the spinal cord stimulator surgery, I've done them at North Broward, Broward Health North, I've done them at Holy Cross, I've done them at Imperial Point, I've done them at all the surgical centers I've worked at, and my reasons for changing surgical centers are varied.
Q. Okay. So I understand it, I'll just run through them. Those two procedures that you're talking about, is that all you were doing at Physicians Outpatient Surgery Center?
A. Yes.
Q. Is that all you were doing at Park Creek Surgical Center?
A. Yes.
Q. Okay. Is that all you were doing at Holy Cross?
A. Yes.
Q. Okay. Is -- is that all you were doing at Imperial Point Medical Center?
A. Yes.
Q. So -- just so I understand, for some places like Holy Cross, you have the title of Medical Director of Acute Pain Management?
A. Yes.
Q. Do you do anything else other than those two

procedures under that title for Holy Cross?
A. I don't do the procedures under that title. For that title I give lectures to the staff, to the nurses, to the residents and I'm available to the emergency room physicians, but basically it's around inservices and education around pain management.
Q. Okay. I may have to run through those just a little bit then. Okay. You have on your CV that you were Director of Anesthesia at Atlantic Surgical Center?
A. Yes.
Q. From 2002 to 2004, what did you do in that capacity?
A. I was providing anesthesia for the outpatient surgeries that were going on there. It was really an opportunity in the early days of my practice to earn some additional revenue.
Q. Okay.
A. Basically, moonlighting anesthesia.
Q. I was just going to ask that. Who did you work under there?
A. The owner of the facility, but I was the only anesthesiologist.
Q. Who was the owner?
A. John Bebe. B-e-b-e.

Q. And was that -- was John Bebe a doctor?
A. No.
Q. Were there other doctors working at the Atlantic Surgical Center?
A. Surgeons, yes.
Q. Okay. And I think you said you were the only anesthesiologist?
A. At that time, yeah.
Q. At that time. Did you stay in contact with any of the, either, the doctors or Mr. Bebe after the time you worked there?
A. Yes, one of the doctors I worked with there as a neurosurgeon, his name was Dr. Steven Gelbard, G-e-l-b-a-r-d, and I still keep in contact with him from time to time.
Q. Okay. Was there a reason you left Atlantic Surgery Center as the Director of Anesthesia?
A. Because I stopped doing anesthesia.
Q. Did you stop doing anesthesia, period, in 2004?
A. No. After 2004 I had some post leaving anesthesia regrets, I don't know what to call it, and I started moonlighting at Park Creek Surgical Center, where I had privileges as a surgeon. So I worked for the anesthesia group a handful of times

moonlighting as anesthesia again, to keep -- to keep my skills up to par.
And then after a while I realized I was just too busy and I wasn't as good as I wanted to be to continue to practice anesthesia.
Q. When was the last time you gave anesthesia?
A. I don't remember.
Q. Was it --
A. I'm going to say maybe 2010.
Q. Physicians Outpatient Surgery Center, is it fair to say that you were just performing those two procedures that we talked about at that location?
A. Yes.
Q. Okay. How much of your time during the 2008 to present time period was spent at that location?
A. Probably five or six hours a month.
Q. Park Creek Surgical Center, in addition to sort of moonlighting with anesthesia, were you also performing those two procedures at that location?
A. Yes.
Q. Were you doing anything else?
A. No.
Q. Okay. Was there a reason that you no longer performed those procedures at Park Creek Surgical Center?

A. I once terminated, if that's -- it became difficult for my schedule to go to a place so far away.
Q. Where is Coconut Creek, Florida?
A. Where is it? It is west of my practice about a 20-minute drive.
Q. Okay. We talked briefly about you taking the position as Medical Director of Acute Pain Management for Holy Cross Hospital and it looks like from your CV you started in 2014?
A. Yes.
Q. What do you do as Medical Director of Acute Pain Management?
A. Teach their staff about pain management.
Q. How often do you do that?
A. It varies, upon request, but I've done grand rounds, I've done inservices, I've done formal and informal lectures and teaching the nurses and physicians and residents.
Q. How often a year do you do that?
A. I'd say three or four times a month.
Q. What topics do you speak on?
A. I gave a talk on the CDC guidelines when they came out, I gave a talk on managing complex pain patients in the hospital setting, and the

majority of the talks have been about, like, specific inservices about not for the healthcare providers to -- if there is a pain consult pending to hold the long-acting opioids before the consult is started and specifically what I mean is if the patient is given a long-acting medication just before I get to them, it kind of sets the tone for what needs to happen going forward. So I was trying to get the staff to not commit to a pathway and a decision process until I would get there.

Q. I'm not sure I understand that. What is you basic message on long-acting opioid medications that you are giving in those talks?

MS. COATES: Objection; form.

A. So basically, long-acting opioids may or may not be appropriate, but once given, can't be taken away. So if they give it to the patient before I've had a chance to see them, it kind of ties my hands.

Q. Okay. So what is your instruction to the staff when you're giving those talks?

A. To try to stick with short-acting opioids, if any, until I can get to see the patient, or to please call me for further instruction until I can get to see the patient.

Q. What is the problem with giving long-acting

opioid medications before you get there that they can't be taken off them once they're on?

MS. COATES: Objection; mischaracterization.

A. So a long-acting medicine takes a long period of time, depending on the drug, to -- for its effect to wear off. So, for example, if somebody is given a dose of methadone at 9:00 o'clock at night and I come to see them at 7:00 o'clock in the morning and I want to change their regimen for whatever reason, that methadone is going to be on board for 72 hours.

Q. Is part of the talks talking about the addictiveness of those long-acting medications?

A. Well --

MS. COATES: Objection; form.

A. Not in that context, no, but a lot of my talk is about addiction in the hospitals and how to recognize signs of addiction when patients come in and how to treat the so-called drug seeking behavior and what to do and what's the best strategy in the short-term to handle that patient at that moment.

Q. When you are talking about addiction, are you generally talking about addiction to opioid medications?

A. Generally in the context of my talks we're

talking particularly about opioids and when it's appropriate to start, like you said MAT. So if I wanted to start a patient on Suboxone and they are a heroin addict, let's say, and they are in the methadone program and they get a dose of methadone, I now can't start the Suboxone for at least three days. So that becomes a length of stay issue, a patient management issue, and then the patient is going to be pretty unhappy for a few days. So there is better ways to manage that patient than to give them methadone before I get to see them.

Q. I was just trying to get at when you are talking about these addiction issues that you are talking about, are they generally with respect to opioid medications versus addiction to alcohol or cocaine or something else.

A. We talk about all those addictions, and there are management issues with alcohol addiction in the hospital. We don't really manage cocaine addiction at all other than recognizing that it stays in your system for three days.

Q. I was just asking with respect to the talks you've given. Are they generally about managing opioid medications versus some other medications that might be addictive or some other drugs that

might be addictive?

MS. COATES: Object to form.

A. Well, you asked about managing addiction, so we don't -- again, we wouldn't manage any -- we wouldn't manage any cocaine addiction other than to recognize it and how important it is to address it, understand it, diagnose it. So yes, I talk about many addictions, including alcohol and cocaine, insofar as how to interpret a urine toxicology result, and how to manage a patient who has got cocaine in their urine would be different than somebody who doesn't have cocaine in their urine.

Q. Has opioids been the vast majority of the focus of the talks you've given about addiction?

A. Yes.

Q. Where can I find -- are those talks videotaped?

A. No.

Q. Do you have written materials?

A. For the talks I gave at Holy Cross? I think I have a PowerPoint presentation, and I do have videos that -- lectures or videos that you can find on YouTube, but not related to my activities at Holy Cross Hospital.

Q. Do you have PowerPoints or written materials

on any of the lectures you've given at Holy Cross?
A. I'm not sure.
Q. Do you have a file or something you keep those materials in?
A. I wish I were that organized.
Q. Do you have a computer you might keep those on?
A. I think the lecture I've given on managing complex patients in a hospital setting is on my computer.
Q. Do you hand out written materials at those lectures?
A. No.
Q. Okay. You said you had other lectures that were videotaped and might be on YouTube. Where were those other lectures given?
A. One interview was -- it was actually an interview, not a lecture, given to Newsmax Health in my office. There is a lecture I know is on YouTube that I gave at North Broward Medical Center on addiction.
Q. Okay. You have on your CV that from 2016 to present you worked at Melrose Pain Solutions as a founding partner. What is Melrose Pain Solutions?
A. Melrose Pain Solutions is a company that I

created with my partner, Dr. Joseph Pergolizzi and Liana McCormick, that is a protocol designed for managing complex patients in a hospital setting, that takes -- the protocol takes us through when patients first present to the hospital, what their presenting symptoms and diagnoses are, and how to manage that patient depending on the patient's individual circumstances.
MS. DICKINSON: Okay. We probably should take a break.
THE VIDEOGRAPHER: Off the record, 12:38 p.m.
(Recess from 12:38 p.m. until 1:23 p.m.)
THE VIDEOGRAPHER: On the record, 1:23 p.m.
BY MS. DICKINSON:
Q. Dr. Rosenblatt, we're back on the record after lunch. Okay. Right before lunch -- I just wanted to clean up a few things we were talking about right before lunch and then I think we'll move on to a little bit of a different part of your CV.
I had asked you but we -- actually, I got off track. We talked about your income in 2018, so last year's income, and I think you had given me the number was roughly $800,000. Is that accurate?
A. Yes.
Q. Okay. And I think the testimony you gave

was that 50 to 70,000 of it was likely from being -- as a paid speaker; is that right?
A. Yeah. Well, for all of my speaking engagements, yes, which is not all pharma, but yes.
Q. Fair. We'll just break it down into little parts.
A. Right.
Q. 50 to $70,000 of it was for your speaking engagements, roughly, right?
A. Right, which, again, is not all pharma. A lot of that is device and the cadaver courses and teaching that I do around the surgeries.
Q. What portion of the 50 to 70,000 was either pharmaceutical or device companies speaking?
A. Pretty much all of that was my consulting fees outside of my practice.
Q. Okay. Fair. Does that include consulting fees for the legal work you've been doing with the opioid litigation?
A. No. In 2018? I don't think I did any in 2018.
Q. Okay. The other, roughly, let's just call it $650,000, was that all from Pain Management Strategies?
MS. COATES: Objection to form.

A. Well, Pain Management Strategies and South -- South Florida Pain and Wellness.
Q. Okay.
A. But yes, I think, as my accountant would explain, is that all of that income funnels to Pain Management Strategies.
Q. Okay. I was going to ask. Do you get paid separately from South Florida Pain and Wellness, for example?
A. No.
Q. Do you know what portion of the roughly, you know, 650 to $630,000, what portion of that income is generated from Pain Management Strategies' clinical practice?
MS. COATES: Objection; mischaracterization.
A. That would all be clinical practice.
Q. Okay. I'm just trying to figure out what portion of your income in 2018 came out of the South Florida Pain and Wellness bucket versus the other bucket which lies under Pain Management Strategies?
A. So I'm pretty sure it's all in one bucket and I don't have it separated out.
Q. Do you have any idea, if you had to gauge the revenue that's coming out of South Florida Pain and Wellness for 2018, what that was?

A. Yeah, I'd guess it's about $100,000.
Q. Okay. And the rest is for some combination of your clinical practice in the pain clinic and then in the hospital?
A. Yes.
Q. Okay. When did you stop working in the hospital setting?
A. I still work in the hospital.
Q. Okay. I thought on your CV that you had stopped in 2017 at North Broward Hospital.
A. I was no longer the medical director of pain management.
Q. Okay. Are you still seeing patients at North Broward Hospital?
A. Yes, I am.
Q. Okay. Why did you step down as the medical director of pain management at North Broward?
A. They eliminated the position of the majority of the medical directors as part of their corporate integrity agreement.
Q. Okay. And that was in 2017?
A. Yes.
Q. Okay. So we were talking about your income in 2018. If we go backwards from there, was your income in 2017 roughly the same?

A. Yes.
Q. Okay. Was it sort of attributable, roughly, the same way in terms of speaking arrangements, money coming from South Florida Pain and Wellness and your clinical practice?
A. More or less. I mean --
Q. During the time period from 2002 to 2018 when you had had Pain Management Strategies, has your income changed during that time period?
A. I'd say my income has gone up every year.
Q. Okay. Can you walk me through, just roughly, where it started? Let's start in 2002, sort of the year you opened Pain Management Strategies?
A. Sort of zero.
Q. Fair. Your opening year, did you make any income in 2002?
A. I recall specifically it took me six months before I received a paycheck. My overhead was very low. I was in the red insofar as I had accrued significant credit card debt to pay all my bills. But started making money in the first year. I don't think my income was very much by the end of the year.
Q. I was going to ask what was the first year

that you made income. Is that 2003?
A. Probably.
Q. And what was your rough income?
A. I honestly don't remember.
Q. Was it anywhere near $800,000?
A. No.
Q. Okay. What year was the first year that your income approached $800,000?
A. I'd say in the last few years, last four or five years.
Q. What do you attribute to the rise in your income?
A. Excellent management.
Q. Okay. Do you attribute anything else?
A. I've had an increased volume, I have two offices. I managed my billing department better, managed my contracts better. I get paid a little bit more from the contracts as a result of better contract negotiating, I have more volume. I have better payers, a better payer mix. It's been a gradual process of managing my practice to make it more financially profitable.
Q. Okay. When you say you have increased volume, what -- what was the reason for the increased volume?

A. Better management, better management of my time, having a full-time nurse practitioner enables me to see more patients in the office and enables me to get out of the hospitals quicker.
Q. Is it fair to say that with increased volume of patients in your pain practice, it comes to increased income; is that fair?
A. Yeah.
Q. When was the first time in a year you made as much as $500,000, when you were running Pain Management Strategies?
A. I don't recall specifically but I'd say probably 2013, 2014.
Q. And so from right around 2013 or 14 to present, your annual income has roughly raised about $300,000, is that fair?
A. I'm not really sure. You're boxing me to numbers I can't really commit to for sure without having any tax returns in front of me.
Q. Is that at all accurate, or am I totally off-base?
A. I think my income has clearly risen and I think in 2013 and 2014, I was applying for a mortgage and I think my income was around then then.
Q. Do you advertise for Pain Management

Strategies or Melrose Pain Solutions?
A. No.
Q. Okay. Do you have a web presence?
A. I have a website.
Q. Okay. Do you pay for SEO or anything like that?
A. I just started to, about two months ago.
Q. What's the purpose of paying for SEO?
A. It's part of -- I'm not entirely sure. Not my area of expertise, clearly, but I hired a company called Patient Pop that is helping primarily manage my online reputation. That is the reason I primarily hired them. I have a lot of negative reviews, a lot of very angry, hostile reviews, so to try to address that situation, Patient Pop has a platform where they ask all of my patients for a review upon leaving the office, you know, completing a visit, for whom we have e-mail addresses, they send a request for how you rate your visit or something like that. And if they are negative they get funneled to my office to be addressed, if they are positive, they get posted on Google or something like that. So that was the primary purpose. I understand they also have some SEO, and I did recently shoot them an e-mail. I wanted to add

ketamine as one of my key words to basically advertise the ketamine process.
Q. Is one of the purposes of SEO so if someone types in pain management in this area they can find you as a pain management doctor?
A. Yes.
Q. We started to talk about South Florida Pain and Wellness. Can you tell me again what South Florida Pain and Wellness was formed to do?
A. South Florida Pain and Wellness is a part of my practice that bills patients who are seeing -- or are having a noninsurance covered service.
Q. Fair. I'm sorry. I asked you about the wrong entity. We were starting to talk about Melrose Pain Solutions.
A. Okay.
Q. Melrose Pain Solutions -- oh, actually. Can you go back for a second. South Florida Pain and Wellness, is that on your current CV?
A. Yes.
Q. Where is that on Exhibit 4?
A. Pain Management Strategies Inc and South Florida Pain and Wellness is listed directly underneath it under Practice and Employment History on the first page.

Q. I see. Okay. Okay. Let's talk about Melrose Pain Solutions, that was founded in 2016; is that right?
A. Yes.
Q. And were you -- did you found that with a partner?
A. Yes, two partners, actually, Dr. Joseph Pergolizzi and Liana McCormick.
Q. Okay and tell me again, briefly, what does Melrose Pain Solutions do?
A. Melrose Pain Solutions is a consulting company that goes into hospitals to teach their providers how to manage complex patients with complex pain syndromes in a protocol on basically what to do next when you have this type of patient.
Q. Okay. Are -- who are the partners?
A. Dr. Joseph Pergolizzi and Liana McCormick.
Q. And have those two doctors always been your partners at Melrose Pain Solutions?
A. Yes.
Q. Okay. Are you all equal partners?
A. No, Dr. Pergolizzi and I share two-thirds of it and Liana has one-third.
Q. Okay. Did you know Dr. Pergolizzi before --
A. That doesn't work. Dr. Pergolizzi and I

share half. No. Dr. Pergolizzi and I share three -- I don't remember. If he and I actually shared two-thirds we would be one-third partners and he and I share a greater portion than she does. I don't remember.
Q. Okay. You and Dr. --
A. Dr. Pergolizzi and I share 70 percent and she has 30 percent.
Q. Okay. And as between the 70 percent, do you and Dr. Pergolizzi share that 70 percent equally?
A. Yes.
Q. Did you know Dr. Pergolizzi before you founded Melrose Pain Solutions?
A. Yes.
Q. How?
A. I knew him as a national speaker and KOL that I met at many advisory boards and national pain meetings.
Q. Okay. Where did you first meet him?
A. I don't remember, many years ago.
Q. Who was he a KOL for?
A. I don't recall. I mean, he's a KOL for many, many companies, but I met him, really, at the national meetings.
Q. What types of national meetings are we

talking about?
A. I don't remember. PAINWeek, American Academy of Pain Medicine, some meetings.
Q. Okay. How often, before you went into business with Dr. Pergolizzi, would you see him at pain meetings?
A. I had met him probably half a dozen times.
Q. Okay. How did it -- how did you come to go into business with Dr. Pergolizzi?
A. Dr. Pergolizzi called me because he wanted to hear more about my approach to managing complex patients in the hospital setting.
Q. When was that?
A. Just prior to us forming the business. It was a matter of a few months until we formed the business. I don't remember the month or if it was early or late '16 or '15, I don't recall.
Q. Whose idea was it to start Melrose Pain Solutions?
A. Dr. Pergolizzi.
Q. Was it fair to say he had already conceived of the notion of starting this company but wanted you to join him possibly?
A. No.
Q. Okay.

A. He had heard the idea from me and he thought the idea was brilliant and he being more of an entrepreneurial spirit, was kind of coaching me on how to monetize my concept, my ideas.
Q. Where had he heard the idea that went into Melrose Pain Solutions from you?
A. From me at an advisory meeting.
Q. What advisory meeting?
A. I don't recall.
Q. When you say an advisory meeting, I don't know what that is, that's why I'm asking.
A. An advisory board sponsored -- put on by the pharmaceutical companies is where I would encounter him many times. So in some of the discussions amongst the physicians in -- on a table like this talking about whatever pharmaceutical company would be having us there, to get our ideas on either how to launch or market or how to name a product or how to message a product. They would seek our input.
And we would not only participate in that, but in the exchange of ideas, on my part was always how medications get abused in the real world and what I see in the hospital setting and what my concerns are and how I manage these patients in the hospital.

Q. During what time period were you serving on these advisory boards for pharmaceutical companies?
A. Throughout the years.
Q. Just what general time period, when did that start?
A. I don't remember the first one I did, and the most recent one I did was for US WorldMeds last year.
Q. Can you give me a rough estimate? Was it 2000 or was it 2010 the first time?
A. I think the first time I ever spoke was 2004, so sometime after that, 2005, '06, '07, '08. I don't remember when I first heard the term advisory board.
Q. What companies have you worked on an advisory board for?
A. I honestly don't remember. I do remember US WorldMeds because it was very recent. I don't remember.
Q. You testified just a few minutes ago that you would see Dr. Pergolizzi regularly at these advisory boards. Is that accurate?
A. I believe I said half a dozen times.
Q. Okay.
A. That I've met him in total prior to going

into business with him, some of which was at ad boards, advisory boards, some of which was at national meetings.
Q. I'm unfamiliar with what an ad board is, I'm sorry, can you tell me a little bit more about -- do people get invited to those? What is it?
A. So as a physician I would be invited to an advisory board and it is often a -- before a product was marketed and some of the advisory boards I went to, the products never even made it to market, which is why I'm struggling to remember what it was, to get input from the physicians on either where this might fit into our practice, where we see this product fitting in and some -- I did go to an advisory board for Collegium -- how to best message their products, which picture would resonate better, or what words might work better and that would be an opportunity.
Q. Was the purpose of the advisory board a pharmaceutical company who was either going to put a product on the market or had a product on the market was seeking your advice, is that fair?
A. Yes.
Q. Okay. How often did you sit on an advisory board, I mean per year?

A. I'd say I've done maybe five or six advisory boards.
Q. Okay. Were those all for pharmaceutical companies?
A. Yes.
Q. Okay. Were any of those opioid manufacturers?
A. Yes.
Q. Okay. Who? Which opioid manufacturers did you serve on an advisory board for?
A. I specifically remember serving on an advisory board for Collegium.
Q. Okay. What product was Collegium doing an advisory board about?
A. Xtampza.
Q. Did you have any further involvement with Collegium regarding its Xtampza product after the advisory board?
A. Yes, I was on the speaker bureau.
Q. Okay. I think we are going to get to that in just a minute. Other than the speakers bureau, did you have any other involvement with the Xtampza product and Collegium?
A. By involvement what do you mean?
Q. Any. I'm just asking what your involvement

was with that product?
A. With the product? It's a product that I prescribe.
Q. Okay. Other than prescribing it, and being on a speakers series about Xtampza -- can you spell that? I am sorry. I think this is going to be a hard one for her?
A. X-t-a-m-p-z-a.
Q. Other than being on the speaker series for a pharmaceutical company that was manufacturing Xtampza and prescribing it yourself, did you have any other involvement with the manufacturer of the Xtampza product?
A. No.
Q. What is Xtampza?
A. It's a long-acting abuse-deterrent formulation of oxycodone.
Q. Who makes Xtampza?
A. Collegium.
Q. And when did you first get on the speaker bureau for Xtampza?
A. 2016.
Q. Were you paid for your time in serving on advisory boards?
A. Yes.

Q. How much?
A. My recollection is around $3,000.
Q. And who was paying you, the pharmaceutical company?
A. Yeah. There was usually a third party from whom managed the program or the conference and the check would be from some other third party company.
Q. Okay. Do you remember any of the names of the third parties that paid you?
A. I think Health Logics was one. I can't remember the names.
Q. Okay. Dr. Pergolizzi first contacted you about opening -- or your ideas that led to Melrose Pain Solutions in 2015.
A. Yes.
Q. Is that right?
A. Yes.
Q. How did you guys decide to go into business together from that point?
A. Well, after I spent half a day explaining to him what exactly I do in the hospital setting, after he had heard me mention it many times over the years, he thought it was very fascinating, because most of the experts in the field don't have that same kind of captive population of patients that I

have because the patients in the hospital aren't coming to my pain clinic seeking treatment and most of the doctors that I've met, national and local level, who treat chronic pain, their patients are coming to them voluntarily, so having a captive audience, he found it fascinating how I've managed to come up with a protocol that basically is consistent and reproducible and saves the hospital money and saves patients' lives and gets patients into treatment sooner and really it is very innovative and forward thinking and should be the way all hospitals manage complex pain in a hospital setting.

And after he heard me explain it to him over a period of four to six hours, he just asked me questions and we talked all day long and when we finished talking and he was finished asking me some questions, he gave me some advice. The first advice he gave me was to stop talking about it. Because I was giving it away for free, I was sounding the alarms and screaming this to anybody who would listen. Stop talking and that we could form a company and that we can patent this protocol, I had no idea what he was talking about because that's not my area of expertise.

Q. Did you come to patent the protocol?
A. We did.
Q. When was that?
A. I believe it's still patent pending in 2017.
Q. When did you apply for the patent?
A. I don't remember, around 2016 or '17.
Q. Do you know what the title of the patent is?
A. I'm not sure it's different than my company. I don't know.
Q. Typically in a patent the invention has a description, a descriptive title, not just the name of the company.
A. It would likely be Managing Complex Patients in a Hospital Setting but I'm not sure.
Q. What is the nature of the protocol?
MS. COATES: Objection; form.
A. To identify complicated pain patients, whether they are coming in for elective surgery or through the emergency room with a variety of pain presentations and to -- based on certain presentations they have, to decide what their next steps will be in treatment. For example, like I told you earlier on, to not give methadone to a patient the night before if we wanted to start them on Suboxone, to identify that earlier in the

process.
Q. What do you mean by complicated pain patients?
A. So somebody coming in simply with a ruptured appendix and is not opioid dependent would be very easy to manage. We would give them postoperative pain medicine, they would do very well, and it would be very simple and straightforward.
That same patient coming in on very high doses of opioids prescribed as an outpatient would be very difficult to manage on the hospital side and postoperatively because of that, as an example of complicated presentation.
If a patient comes in on methadone because they are an IV drug addict and they go to the methadone clinic and they are shooting up and they show up with an abscess in their arm, that patient would be very difficult to manage their pain during their hospitalization.
Another example, a sickle cell patient who comes to the hospital every week and gets IV drugs in the hospital for a week and then leaves for a day and comes back to another hospital with the same presentation to have the same course for another week, complicated patient as well.

Q. Okay. Is the protocol committed to paper somewhere?
A. Yes.
Q. Where?
A. At the US Patent Office, and in my files.
Q. Do you know what the patent number or application number is or could you tell me if you had to look?
A. I could get that but not today.
Q. Right. Do you know what the novelty of the invention you're claiming is at the patent office?
MS. COATES: Objection; form.
A. Not really sure what novelty means. What I do know is this. If you have chest pain or having a heart attack and go to any hospital in the United States, you will be treated 100 percent the same way. You will get oxygen, nitroglycerin, baby aspirin. But if you come in with an IV abscess and you're a known IV heroin user, you might be given Advil or you might be given IV Dilaudid for six consecutive days, it totally depends on what hospital, what town, what physician, what shift. Even in the same hospital, from shift to shift it can be different.
So there is no accepted management on such a

presentation and I've asked physicians from across the country what would they do in any given circumstance and they are always different. I ask 10 doctors, I will get 10 different answers.
Q. Is it fair to say the invention -- I'm trying to get what the invention being described is -- is it standardization of how you would treat complicated pain patients?
A. Yes.
Q. Okay. What form does that take? Is it a computer module or is it a -- I guess I'm not understanding how physicians implement what you invented?
MS. COATES: Objection to form.
A. Right. We haven't figured that out ourselves, ideally we would like to have a computerized model but computer programers are expensive and we're not at that point. At the moment it is something that's teachable and coachable as I have trained numerous nurse practitioners and PAs in this protocol over the years.
Q. Do you have a PowerPoint that you train with?
A. No.

Q. Do you have anything written that gives instructions to the folks you are training?
A. Formalized, not yet, that's something we're working on.
Q. Okay. Do you have anything in draft form?
A. In outline form, roughly.
Q. I'm just trying to understand when you go around and train folks, do you just do it orally or do you give them anything?
A. So we haven't -- we haven't yet sold it to an entity or a hospital, so when that does happen, we have some upcoming inquiries. The first part of that process is understanding the specifics of the hospital that is going to be implementing this, and every hospital is different. So the needs of any hospital from one to another will be different. So I will be going up to Clewiston, the end of June, to survey this hospital that is interested in implementing Melrose Pain Solutions. They have their own unique set of circumstances which I can't discuss just yet.
Q. Totally fair. I don't need to get into that.
Are you waiting until the patent is approved to go up and sell these services or are you not

waiting for that?
A. We're not waiting for that. As a method patent, I think it would be very hard to enforce and maintain intellectual property, but it's something that we're passionate about and we're going to move forward.
Q. I used to litigate patents, I understand.
Okay. Do you know how much you intend to charge for the services of Melrose Pain Solutions?
A. No, because that would really depend on the scope of services provided.
Q. Do you know when you intend to start charging for those service -- consulting services for the first time.
A. In Clewiston I'm going to be charging for my time, which is my fee schedule.
Q. Do you know if Dr. Pergolizzi has ever charged for his time that he's spending on behalf of Melrose Pain Solutions?
A. Not yet.
Q. Has Melrose Pain Solutions made any income to date?
A. Yes.
Q. Okay. What kind?
A. We had a contract in Arizona where we helped

a pain clinic with their meaningful use data and to meet those benchmarks in the MIPs.
Q. What pain clinic?
A. I forget the name of it. It was an Arizona pain clinic.
Q. What city?
A. I don't remember.
Q. Could you find that out if you had to?
A. I could.
Q. How long did you work for them?
MS. COATES: Objection to form.
A. We didn't work for them. We worked to put together the data to apply for the meaningful use reimbursement, which they did get. We worked with a healthcare economist and provided them data on their clinic that they were using to submit to insurance companies to get better reimbursement on their contracts and we helped them meet their meaningful use data points.
Q. How much were you paid for that?
A. About $20,000.
Q. Okay. How did you come to be in business with Dr. McCormick?
A. Liana McCormick is not a doctor, she's a healthcare marketer. She was a contact of

Dr. Pergolizzi's and she and I worked tirelessly to come up with the protocol. Yeah, the protocol was mine, but to get all that I do into a -- into basically a decision tree format is something she helped me work on.
Q. Is that the format of the protocol now, decision tree format?
A. Yes.
Q. Do you have a copy of that decision tree?
A. Yes.
Q. How did you come to know Ms. McCormick?
A. Through an introduction from Dr. Pergolizzi.
MS. COATES: Objection to form.
Q. How did Dr. Pergolizzi know her?
A. They've had a long-standing relationship through multiple projects they worked on in the past.
Q. Has she worked in marketing with Dr. Pergolizzi before?
MS. COATES: Objection to form.
A. I'm not sure.
Q. And what is Ms. McCormick's role for Melrose Pain Solutions?
A. She's sort of the glue. I basically data dump on her and call her with all my ideas and she

puts it into useful format. Her background is in marketing.

Q. Okay. And is her future role or continuing role to be marketing the Melrose Pain Solutions product once it's developed?

A. Well, I would say no. She's really a viable part of our project insofar as she can -- I don't think marketing is in so much -- although when the time comes, I hope so, but in helping us create -- helping us create -- yeah, the decision tree, the patent.

She keeps us organized with filing of the patents and the taxes and all of the other paperwork and e-mails, and she really coordinates. She's more of like our CEO.

Q. Understood. Fair. On your CV, you listed a couple more things that I wanted to ask you about. You have that you are an "affiliate faculty member" at the University of Miami that started in August 2016.

A. Yes.

Q. What do you teach for the University of Miami?

A. So I am an instructor for the internal medicine residents at Holy Cross Hospital. And they

are University of Miami residents, and their site is at Holy Cross Hospital.

So the residents that elect to do a rotation through my practice, do so, usually one at a time, sometimes two at a time and they spend the day with me on hospital rounds and in my clinic.

Q. How often do -- are you teaching a resident through that program?

A. When I have a resident, they're usually with me for two weeks continuously, and I've had, I mean, five or six residents rotate through my team. It's like -- each year is a little different when one resident does it and they pass on the information and if it's early or late in the year. So the new group of residents starts in July, so I hope to be having some more.

Q. Okay. You don't teach any classes on campus at Miami; is that fair?

A. No. I'd like to, and I'm trying to find time in my schedule to put that together. And I think that would be an awesome thing to do. I look forward to that.

Q. You have on your CV, also, a "Monitor for the Florida Board of Medicine Probationers Committee/Affiliated Monitors."

A. Yes.

Q. "On-site visits to physician offices." And that was from July 2010 to August 2012.

What were you doing there?

A. So Affiliated Monitors is a company out of Boston that approached me and asked if I would be interested in working with them for physicians or for the board of medicine but to help physicians who have lost their license to, as part of their board order, in order to get reinstated, they had to be monitored, and so the monitor had to be qualified in their specialty, and so I got hired to be the monitor. I was a monitor for two physicians, not at the same time.

Q. So you have monitored two physicians through that program?

A. That's correct.

Q. Which physicians?

A. I mean, their -- their names, I don't think are relative, not that I could remember them or spell them right, but one was an OB-GYN who was working in a -- in a pain clinic, and another was a physician who was working in a weight loss clinic.

Q. And both of those physicians had lost their medical license?

A. Yes.

Q. You don't remember either of their names?

A. One name was -- his first name was Moulton, M-o-u-l-t-o-n, and his last name was Keene or Koen. I don't remember the spelling, but maybe K-e-e-n-e or K-e-o-n-e.

And the other one, I don't remember his name.

Q. Were both of those physicians located here in the Miami area?

A. Here in Florida.

Q. Where were they located?

A. The OB-GYN was in Fort Lauderdale. I think they were both in Fort Lauderdale.

Q. How often did you monitor them in their office?

A. The Moulton Keane, about five or six times.

Q. I guess I'm confused. If they were -- if they lost their license, what were they doing in the office?

A. So it was part of their reinstatement for them to have ongoing monitoring --

Q. Okay.

A. -- for a period of time.

Q. Understood. Both physicians had been

reinstated?
A. Yes. Yes.
Q. And you were monitoring them after reinstatement?
A. That's correct.
Q. Okay. What was your -- did you have the power or ability to recommend continued reinstatement?
A. Yes.
Q. Okay. Did you recommend continued reinstatement?
A. Yes.
Q. What were you monitoring with respect to both of those physicians?
A. With -- I was monitoring with respect to compliance with their Board order.
Q. Did the monitoring that you were doing have anything to do with opioid prescribing?
A. For one, yes; for the other, no.
Q. For which one was it "yes"?
A. For Moulton Keane.
Q. Had he lost his license as a result of opioid prescribing?
A. Yes.
Q. Okay. And he had been reinstated?

A. Yes.
Q. And you recommended they continue with reinstatement?
A. As part of his continued -- continued reinstatement, there were certain parameters that he had to be continuing and what he needed to be doing, and I was monitoring him for -- Affiliated Monitors would give me a checklist to review the charts and to put together a report of the chart review.
Q. Okay. If you have a really busy schedule, why did you do this job?
A. I'm not doing it anymore. That was then and it -- to me, it's -- it's really important work and part of -- part of our climate with, you know -- I just think it's really important for me to understand what's going on, just locally and nationally.
Like, I used to really enjoy going to other states -- and I still do -- to give lectures to hear from the physicians at the lecture what's going on in their part of the world, because at that time, South Florida, we were being -- we had a lot of pill mills down here and things were really kind of crazy and out of control, and I wanted to be part of the solution.

Q. Did those pill mills contribute to the opioid epidemic, in your mind?
MS. COATES: Objection; form.
A. I think that's a complicated answer. I'm not an epidemiologist. I don't know what contributed to the opioid crisis, but I do know that we've had a lot of -- we had a lot of pill mills, we had a lot of problems surrounding the pill mills that I was seeing on the inpatient side as well.
Q. I'm just asking you in your experience, do you think the pill mills in South Florida contributed to the opioid crisis here in Florida?
MS. COATES: Same objection.
A. I think the pill mills created a problem with the patients with whom they treated. I don't know about the overarching principles of what was going on in the community. We were seeing at the same time a lot of Flakka abuse, which is not an opioid, and I think pill mills were a problem, and I think that a lot of collective work to kind of rein that in, and my work with Affiliated Monitors I saw as part of that, to make sure that physicians were being educated.
And in particular, the physician I was working with, he was back out in the world

practicing medicine, particularly pain medicine. I wanted to make sure that -- my role was to make sure that he was now practicing in a more compliant way.
Q. Did you feel like you were able to determine that on the few times you spent with him?
A. On the --
MS. COATES: Objection; mischaracterization.
A. -- the few times I spent with him and the extensive chart reviews I did, yes, he had -- he had changed his practice and improved his -- improved his practice of practicing medicine.
Q. How many of his charts did you have to review?
A. I don't recall at each site visit. I think I had to recall -- review eight or 10 at each visit.
Q. And how many visits with -- or did you have with him?
A. I don't recall specifically, but maybe five or six.
Q. You listed on your CV that you are doing consult -- or you are currently doing consulting work for the Drug Enforcement Agency?
A. Yes.
Q. And that started in 2015?
A. Yes, if not sooner. It's -- it's been

informal. I've been working with them a lot. And more recently, we're -- we're working on formalizing a contract. They want me to review a current pain clinic, and they want me to review hidden camera footage and review a bunch of charts.

And what I find particularly interesting, from the DEA's perspective, is how difficult it is to find the problems in the doctor/patient relationship. It's very hard to penetrate that relationship to see what is appropriate and not appropriate.

Q. What is the nature of what you've been doing for the DEA? Is it always -- when you were hired in 2015, what were you hired to do?

A. So I was never formally hired. I worked with them. I'm about to be formally hired because we're actually working on a contract currently that we have not finalized.

Q. Okay.

A. Things happen slow.

Q. Okay? So from 2015 to now, what -- how much interaction did you have with the DEA in this consulting relationship?

A. Several visits, several phone calls, and still ongoing phone calls, when they would call me

about a physician they had particular concerns about or would ask me if a particular physician -- if I see a lot of that physician's patients overdosed in the hospitals.

And on the flip side, I would talk to the DEA agents about physicians that I saw patterns with of frequent patient admissions, with being prescribed in high doses and high quantities of pain medications from certain physicians. So I have, you know, an informal list, if you will, of physicians in my community that are potential problems.

Q. How many times in the years 2015 to the present did you interact with the DEA on those sorts of issues?

A. Probably 15, 20 times.

Q. Who did you interact with?

A. I'd have to check my e-mail to get their names.

Q. Do you remember any of them?

A. I don't remember their names offhand.

Q. How did you first come to interact with someone at the DEA about these types of issues?

A. Someone from the DEA contacted me because they had seen me do a town hall presentation.

Q. You mentioned a current contract that you're

negotiating with the DEA.

What does that contract do?

A. It enables me to get paid for consulting services, to be able to formally review this clinic's information.

Q. And will you be paid for that arrangement?

A. Yes, I will.

Q. How much?

A. I don't know yet.

Q. Okay.

A. But I also had to have security clearance, and I was recently fingerprinted and, you know, going through that process.

Q. Who are you working with at the DEA on that contract?

A. I can't remember his name. His first name is William, I think.

Q. Where is he located?

A. Or Shawn.

I'm not sure.

Q. How did he come to contact you?

A. He got my name from another DEA agent who had called me in the past.

Q. I want to understand your experience in addiction medicine a little bit better.

You didn't -- from your CV, you didn't do a residency in addiction medicine; is that correct?

A. Correct. A residency in addiction medicine wasn't offered back then.

Q. Understood. I'm just trying to understand the bounds of your experience.

A. Yes.

Q. You don't, from what I can tell from your CV -- but tell me if I'm wrong -- you don't run an addiction medicine clinic, right?

MS. COATES: Objection; form.

A. I -- I think I do. My South Florida Pain & Wellness has a Suboxone clinic, basically.

Q. Okay. And how many patients do you have on Suboxone in that clinic?

MS. COATES: Asked and answered.

A. Currently, I'm not sure. I haven't done a recent count. It's hard to -- hard to keep current with that, but I'd say somewhere between 80 to 100 patients.

Q. And how long have you been running the Suboxone clinic at South Florida Pain --

A. I've been prescribing Suboxone since around 2005.

Q. I'm asking out of South Florida Pain &

Wellness, how long have you been running that Suboxone clinic?

A. So I've been prescribing Suboxone through my pain management practice since about 2005.

Q. I'm sorry, remind me again when South Florida Pain & Wellness opened.

A. About a year ago, but it was just a transfer of my same practice to a different portion of my practice.

Q. I see. How -- since 2005, have you always had roughly 70 to 80 patients on Suboxone at any given time?

A. No, I started with just a few.

Q. I'm just trying to understand over the years how much of your practice has been treating patients with Suboxone or administering any other MAT. Okay?

You have told me that in the year since South Florida Pain & Wellness has been open, it's about 70 to 80 patients. Okay?

I'm trying to understand before that, what your patient population looked like that was on any form of MAT.

MS. COATES: Objection; form.

A. So I'd -- I'd say I've treated, you know, 70 to 80 patients a month, probably been at that

number for several years.

Q. Okay.

A. I would say certainly in 2015, I was prescribing a lot of Suboxone. I think I've always been right about that 100 number, a little bit more. I do have the data waiver to treat 250 patients.

And in 2008 to '12, it was probably less than 80 patients, but it was a significant portion of my practice.

Q. When you say it was a significant portion of your practice, how much of your practice was of an addicted population between 2008 and 2012?

A. I don't know that I can --

MS. COATES: Objection.

A. -- answer those specific numbers. I mean, there's -- a big part of my practice is the inpatient patients, and so the inpatient population, I would see a higher proportion of patients with addiction, and some of those patients who were started on Suboxone in the hospital would follow up in my office as a continued medication-assisted treatment with Suboxone.

Q. Okay. I really am just trying to understand your experience with addiction medicine.

So let's try to do it this way: Other than

treating patients with Suboxone, have you -- do you treat other patients with addiction?

A. Yes.

Q. Okay. What kinds?

A. Alcohol, tobacco, cocaine.

Q. How much of your practice from 2002 to present has been treating patients with addiction to those other drugs?

MS. COATES: Objection; form.

A. So patients with addiction cross over to patients with pain. And in the hospital setting, I'd say a significant portion of the hospital admissions I would see had some kind of an addiction associated with their separate reason for being hospitalized.

So, for example, a motorcycle trauma may be an alcoholic, and so managing their pain in the setting of alcoholism is much more complicated than managing their pain of just a trauma without alcoholism.

So some of the reasons -- and this also spills over to Melrose. What would make a hospitalized patient more complicated would be with a -- with an addiction problem overlying their current medical illness.

Q. Other than in the hospital -- in your clinical setting, so on your outpatient clinical setting, how much of your outpatient practice is treating patients with addiction?

A. I'd say maybe 10 percent.

Q. And has that -- has that been true since you started prescribing Suboxone in 2005?

A. Well, when I started prescribing, that would have been a smaller number of patients. And with time, as my practice has grown, so have my patients across all areas of treatment.

Q. Is addiction to opioids a condition you see regularly in your chronic pain population?

MS. COATES: Objection; form.

A. What do you mean by "regularly"?

Q. I'm just asking you, is that something you see on a regular basis?

A. Addiction to opioids?

Q. Uh-huh.

A. In my practice? No. I'd say that's more the exception than the rule. I mean, I meet a lot of people, especially in my hospital practice, who are addicted to opioids. And in my pain practice, I'd say no.

Q. So what about the 70 to 80 patients a month

you're treating with Suboxone, would you say that those folks are addicted to opioids?

A. Those -- those aren't patients I would consider part of my pain practice. That's my South Florida Pain & Wellness addiction practice.

So I'm sorry, I thought you meant in my chronic pain patients. Those are not the same group as my Suboxone patients.

Q. Okay. I asked in your clinical practice, and I thought that South Florida Pain & Wellness was a clinical practice.

A. Okay. I thought you asked in my pain practice, so my misunderstanding.

Q. Just in your practice, a hundred percent of your practice --

A. Okay.

Q. -- is addiction to opioids something that you regularly encounter?

A. Yes.

Q. Do you hold yourself out as a specialist in addiction medicine?

A. Yes.

Q. How long have you been a specialist in addiction medicine, would you say?

A. Well, I got my board certification in

addiction medicine in 2010, so I would say that's a good marker.

Q. Why did you get your board certification for addiction medicine?

A. I wanted to learn more, as much as possible, about addiction medicine because I was treating so many patients, not only with opioids and opioid addiction, but with other addictions as well.

Q. Was one of the primary reasons you got board certified in addiction because you were seeing so many patients with opioid addiction?

MS. COATES: Objection.

A. Yes.

Q. What process do you have to go to to get board certified in addiction medicine?

A. CMEs, conferences, testing, a board exam, quite -- quite a rigorous board exam, and I forget how many hours of CME training, but extensive online training, a full week-long conference.

Q. Who gives your certification?

A. It was given, the first time I took it, through the American Society of Addiction Medicine, known as ASAM.

And then just recently it became offered, and the new certifying board is the American Board

of Preventive Medicine. And the first time that was offered was October of 2018, and I wanted to take it and get it out of the way so I wouldn't have to think about it for another 10 years.

Q. What is preventative medicine?

A. It -- you know, it doesn't really make sense. I've read about why it's being offered through Preventative Medicine, but I guess addiction is something you would want to prevent. I don't know why the preventative board is -- Preventative Medicine is offering it instead of the American Society of Addiction Medicine, which makes more sense to me.

But it's going to be a residency. To your point earlier, did I do a residency, it's going to be offered as a residency. I think it already currently is, although I'm not certain.

Q. You said you guess addiction is something you want to prevent. Isn't addiction something you want to prevent?

A. Yes, but you can't -- you can't affirmatively treat somebody to prevent addiction, right?

Q. What do you mean by that?

A. I don't know.

Q. That's okay.

A. Yeah, yeah.

Q. I'm just curious, what do you mean?

A. Yeah. No. I mean, when you go through a training to -- you can't treat something that doesn't exist, so you --

Q. Understood.

A. In preventing something, I would think that would be much more global action, to prevent something, not to specialize in preventing. It's like to be a specialist in not smoking, what are you going to do? Just don't smoke, right?

Q. Right.

A. It's just -- so I'm not really clear why it's through the Preventive Board of Medicine, but it will be a residency.

And one of the reasons I also wanted to get the boards early on is there is a finite period of time in which I'm grandfathered in -- or grandmothered in, as I like to say -- to not having to take the residency and be board certified. After a certain time, that door will close; and in order to be board certified in addiction medicine, you will have to take -- you will have to do a residency.

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Q. And you didn't have to do a residency, you were grandfathered in?
A. Grandmothered in, yes.
Q. Grandmothered in. I love it.
Okay. On your CV, you have a couple of professional associations that you belong to. Do you see that?
A. Yes.
Q. Can you turn to that part?
A. Yes.
Q. You list the American Society of Anesthesiologists. How long have you been a member of that professional association?
A. Since 1992, I think.
Q. Have you ever taken a leadership role in that organization?
A. No.
Q. Okay. Have you ever served on the board of that organization?
A. No.
Q. Are you currently a member of that organization?
A. I think so. I'm not sure if I paid my dues on time, but it's my intention that I am.
Q. The Florida Society of Anesthesiologists,

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how long have you been a member of that organization?
A. I think since around 1995.
Q. Okay. And are you currently a member of that organization?
A. I think so. I'm not sure.
Q. Okay. Have you ever served in a leadership role in that organization?
A. No.
Q. Okay. The society for pain management -- Pain Practice Management, what is that?
A. That's a society that I joined. A lot of their information and support is around billing practices. So the SPPM offers lots of courses on billing practices and coding and that sort of thing.
Q. Okay. And when did you join that organization?
A. I don't remember. Sometime in early 2000.
Q. Okay. Have you been on the board there?
A. No.
Q. Have you ever been in a leadership role there?
A. No.
Q. How often do you participate with that organization?

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A. I read their -- I read their e-mails and stuff that comes across my desk.
Q. Do you ever go to meetings?
A. I have, but not in a very long time, not in many, many years.
Q. Okay. The American Academy of Pain Management, how long have you been a member of that organization?
A. I think since about 2009.
Q. Okay. And have you ever served in a leadership role of that organization?
A. No.
Q. Have you ever been on the board of that organization?
A. No.
Q. Do you know any other doctors or others that are members of that organization?
A. Yes.
Q. Who?
A. Many.
Q. Have you ever gone to meetings for that organization?
A. Yes.
Q. Okay. How -- how many times a year do you go to a meeting for that organization?

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A. I think I've gone to two or maybe three total.
Q. When was the last time?
A. When it was in Fort Lauderdale five or six years ago.
Q. And the time before that was obviously before five or six years ago?
A. Yes.
Q. Okay. The American Society of Addiction Medicine, how long have you been a member of that?
A. Since about 2010.
Q. Okay. And again, have you served in a leadership role in that organization?
A. No.
Q. Have you taken an active role in that organization?
A. No.
Q. Okay. Have you gone to meetings of that organization?
A. Yes.
Q. Okay. Which -- how many times?
A. Once.
Q. Where was that?
A. I think in Texas.
Q. Do you know Michael Miller?

A. No.
Q. The Florida Academy of Pain Medicine, how long have you been a member of that?
A. I think since 2012, maybe.
Q. Okay. And what is the Florida Academy of Pain Medicine?
A. It's a local meeting, obviously a Florida academy. They do a lot of the legislative actions around pain management in Florida.
Q. How often do you attend meetings of that association?
A. I never have.
Q. Okay. What is -- can you briefly describe what your participation in it is?
A. I pay my dues, and I receive their e-mails and sent information.
Q. Are there any other professional associations that you are -- you have been a member of that you have not listed on your CV?
A. Not that I can recall.
Q. Okay. Really quickly, let's turn to the "Key Speaker" section, if we could. We covered some of this a little earlier, so I don't think we're going to have to do too much on this.
You list a number of companies that you have

served as a key speaker for in your CV, correct?
A. Yes.
Q. Are all of the companies that you have served as a key speaker for listed in your CV?
A. I think so.
Q. To the best of your knowledge?
A. Yes.
Q. And --
A. I try.
Q. And are they generally listed here on your CV in chronological order? It looks like it.
A. Yes.
Q. Okay. What is a key speaker or a key opinion leader?
A. So a key opinion leader is a term that's been given to us, I think, from the pharmaceutical industry. And frankly, I'm not really sure where I first learned about it, but they are thought leaders, basically, in the field who are experienced and knowledgeable and bring value to the pain community.
Q. And the key opinion leaders get compensated by the pharmaceutical companies to come and speak; is that correct?
A. Correct.

Q. Okay. And you have served as one of those key opinion leaders that have been compensated by the pharmaceutical companies to come and speak?
A. That's correct.
Q. Okay. And let's just go through it quickly so I understand. So the first time you served as a key opinion leader was for Alpha Pharma in 2004 to 2006?
A. Yes.
Q. I think we talked about that earlier; is that right?
A. Yes.
Q. And Alpha Pharma -- Alpha Pharma manufactured an opioid product?
A. Yes.
Q. Okay. And did you have a contract to serve as a key opinion leader for Alpha Pharma?
A. I don't think the contract spelled it out that way.
MS. COATES: Objection.
A. I think I had a contract to participate as a consultant.
Q. Okay. And generally, how were you paid for that consulting arrangement?
A. To the best of my recollection, I was paid

$750 per lecture.
Q. Okay. And did you give numerous lectures?
A. Yes.
Q. How many, in that time period?
A. I don't remember.
Q. Less than 20?
A. Yes.
Q. More than 10?
A. Maybe.
Q. Okay. It also lists a "National Sales Meeting." Did you attend a national sales meeting for Alpha Pharma in 2005?
A. Yes. I was their speaker for the national sales meeting.
Q. Okay. What did -- what topic did you speak on?
A. I -- I don't recall specifically. I would imagine it was to present the new sales slide deck.
Q. Sales for what product?
A. Kadian.
Q. Okay. Who drafted the slide deck for that presentation?
A. As far as I know, it was internal from the Alpharma team.
Q. Generally, when you serve as a key opinion

leader and you're talking about a product, is the slide deck or presentation drafted by the pharmaceutical company?
A. Yes.
Q. Okay. Is it always?
A. All of the ones that I have given are, yes.
Q. Okay. You don't participate in the writing of the content, correct?
A. Correct.
Q. Okay. Where was that national sales meeting in 2005 where you were speaking about Kadian?
A. I don't remember.
Q. Did you -- did the pharmaceutical company pay for your travel to that national sales meeting?
A. Yes.
Q. Did the pharmaceutical company, Alpha Pharma, pay for your travel to any of these lectures?
A. Yes.
Q. While you were at the national sales meeting, did they pay for your meals and hotel room?
A. Yes.
Q. Let's take Medtronic. You served as a key opinion leader for Medtronic from 2005 to 2008; is that right?

A. Yes. I was a trainer for Medtronic.
Q. Okay. And you were training them on -- can you pronounce this for me?
A. Yeah. Surgical implantation of intrathecal baclofen pumps.
Q. Okay. And this was a device -- was the device a device to administer opioid medications?
A. It was a device to administer intrathecal medications.
Q. What is an "intrathecal medication"?
A. "Intrathecal" means in the spine. So I was training their surgeons on the baclofen pump, which is a different team. Intrathecal baclofen being not an opioid, but baclofen is used for spasticity.
Q. Can intrathecal pumps be used to administer opioids?
A. Yes. It's approved for morphine.
Q. Okay. And how many of the training sessions did you engage in as a KOL for Medtronic?
A. Well, the one I have listed here was specifically for a pediatric spine surgeon in Palm Beach, Palm Beach County somewhere. I've done some other trainings with them, but I don't remember the specific details.
Q. Were you being paid for those trainings?

A. Yes.
Q. At $750 a training, or what?
A. I don't remember, and I don't remember what other trainings I did, I -- I'm just pretty sure I did for Medtronic. But for the intrathecal baclofen training, I was paid for the day. I don't remember how much.
Q. Oh, I'm sorry. Was it just one day?
A. Yes.
Q. Okay. During the time period 2000 to 2008, you did that one time?
A. I don't remember what else I did for them. I just don't remember.
Q. Okay. I'm going to jump to the "Collegium Conferences." Do you see that in your CV?
A. Yes.
Q. Okay. What product did Collegium make?
A. Xtampza.
Q. Okay. That's what we talked about before. That is on opioid product?
A. Yes.
Q. And when was the first time you started working for Collegium regarding its Xtampza product?
A. 2016.
Q. Okay. And do you still work for them today?

A. Yes.
Q. And were you paid for your work as a key opinion leader for Collegium regarding its opioid product Xtampza?
A. Yes.
Q. Okay. What were you -- how were you compensated?
A. I think it was 1250, $1,250 for a local lecture and more for -- depending on how far I had to travel. I was compensated more for further away lectures.
Q. You list 11, it looks like, speaking engagements on your curriculum vitae. Are all -- is that a complete list of all of the speaking engagements that you were involved with with respect -- for Collegium?
MS. COATES: Objection; form.
A. I think so, insofar as my assistant keeps track of them, not me.
Q. Okay. To the best of your knowledge?
A. Yes.
Q. Okay. Several of these are virtual WebExes. Again, was the content -- is it fair to say the content of all of these was similar to where we talked about before with Kadian, where you were

given a slide deck with respect to Xtampza and you were presenting on the company's slide deck?
A. Yes.
Q. Okay.
MS. COATES: Objection to form.
Q. And when you had to fly to speak in locations like Chicago or Dallas or Denver, was the company paying for your travel expenses?
A. Yes.
Q. When you would go to speak, was the company paying for your hotel room?
A. Yes.
Q. Was the company paying for your meals and expenses?
A. Yes.
Q. During these conferences, would you attend dinners with company representatives?
A. No. During these -- it's not a conference. It's a speaking program.
So I would fly. I would land at the destination. I would take an Uber or a taxi or sometimes get picked up by the rep to the dinner program. After the dinner program, I would be brought to my hotel. I would sleep, get an early flight out at 6:00 a.m. and be back.

Q. Was that always the schedule you kept when you attended one of these conferences?
A. Yeah, more or less. I mean, there was never any leisure time associated around that. There was no reason for me to be in that particular location other than to give a lecture and leave. If I could, I would come back the same night.
Q. Were all of these lectures at a dinner meeting for Collegium?
A. Except for the virtual WebExes, yes.
Q. Okay.
A. Now, one of them, I gave one lecture as a breakfast.
Q. And when it says "Collegium Conferences," what type of conferences were those?
A. They were primarily dinner lectures.
Q. Okay. Let's go to Pfizer, "Pfizer Conferences."
And you have a list where -- did you serve as a key opinion leader for Pfizer?
A. Yes.
MS. COATES: Objection to form.
Q. Were you a paid key opinion leader for Pfizer?
A. Yes.

Q. What product was that regarding?
A. Celebrex and Lyrica --
Q. Are either --
A. -- and Embeda.
Q. Are either -- any of these opioid products?
A. Embeda is an opioid product.
Q. When did you start speaking regarding Embeda?
A. I don't recall.
Q. Fair to say 2016?
A. Yes.
Q. And did you speak about Embeda at Pain Week in Las Vegas?
A. I don't think so.
Q. I see that on your CV, that's why I'm asking.
A. Yeah, I'm confused on the dates on the Pfizer presentations.
Q. Did you speak about Embeda at a Pain Week conference?
A. No. At Pain Week, I didn't speak about a product.
Q. What is Pain Week?
A. Pain Week is a conference given in Vegas every year that is really primarily not sponsored.

I mean, I don't recall any drug-specific lectures given there.
Q. What is it, though? What is Pain Week?
A. It's a conference that -- they have all kinds of pain treatments, including -- they've got psychologists there and physical therapists. It's sort of for a broader audience than just pain physicians.
Q. Do you attend Pain Week every year?
A. No.
Q. How many times have you attended Pain Week?
A. Once.
Q. And when was that?
A. In September 2016.
Q. Okay. Did you speak at Pain Week, you just don't think you spoke about Embeda?
A. No, I don't think I spoke at Pain Week. I think that -- this is misplaced in my CV and a formatting error, I think.
Q. When you were doing work as a key opinion leader for Pfizer, when you traveled to speak, did Pfizer pay for the cost of your travel?
A. Yes.
Q. Did Pfizer pay for your meals?
A. Yes.

Q. Okay. Did Pfizer pay for your hotel room, if one was necessary?
A. I think for Pfizer I spoke only locally and that was Vero, Palm Beach, and West Palm, so that wouldn't have required a hotel. It would have been me driving there and back the same night.
Q. Okay. Let's move on to Depomed. What -- did you serve as a key opinion leader for Depomed?
A. Yes.
Q. Okay. And did that start in 2017?
A. Yes.
Q. And did you serve as a paid key opinion leader?
A. Yes.
Q. What product does Depomed make?
A. Nucynta.
Q. Okay. And Nucynta is an opioid product?
A. Yes.
Q. Okay. And on your CV, you've listed some speaking engagements that you conducted for Depomed. Was that on the Nucynta product?
A. Yes.
Q. And it looks like there were -- one, two, three, four -- five of them; is that right?
A. Yes.

Q. And they were in Fort Worth, West Palm, Tampa, Boca Raton, and Naples; is that right?
A. Yes.
Q. And when you were speaking in those locations about Nucynta, were you similarly provided the materials from Depomed that you were going to present?
A. Yes.
Q. And when you traveled to those conferences to speak on behalf of Depomed, were they paying for the travel?
A. Yes, for Texas, yes. The others were local.
Q. Okay. And when you spoke on behalf of Depomed, were they paying for your meals?
A. Yeah -- well, yes. It was part of the dinner presentation. Sometimes I wouldn't eat dinner.
Q. Were these, likewise, all dinner presentations to other doctors?
A. Yes.
Q. Okay. Let's move on.
I'm sorry, what is the next company on this list?
A. Daiichi.
Q. Daiichi-Sankyo?

A. Yes.
Q. What -- what product does Daiichi-Sankyo make?
A. MorphaBond.
Q. What is that?
A. A long-acting morphine abuse-deterrent formula.
Q. Is that an opioid?
A. Yes.
Q. Okay. And did you serve as a key opinion leader for the opioid manufacturer, Daiichi-Sankyo?
A. Yes.
Q. In 2017 and '18?
A. Yes.
Q. Are you still serving as a key opinion leader for that company?
A. I'm not sure. Most of these companies no longer are offering dinner programs.
Q. Okay. And did you serve as a paid key opinion leader for Daiichi-Sankyo?
A. Yes.
Q. Is this a list, to the best of your knowledge, of the presentations you gave for Daiichi-Sankyo?
A. Yes.

Q. Okay. I'm going to ask the same question. If you traveled to locations like Birmingham or Indiana or Kentucky, like I see here, did Daiichi-Sankyo pay for your travel?
A. Yes.
Q. Did Daiichi-Sankyo pay for your meals and expenses while you were traveling to these various conferences?
A. Yes.
Q. Okay. And did Daiichi-Sankyo provide you with the materials regarding the opioid product that you were speaking about?
A. Yes.
Q. BioDelivery Sciences, Inc., what is that?
A. They manufacture Belbuca.
Q. Is Belbuca an opioid product?
A. Yes.
Q. And you served as a paid key opinion leader for BioDelivery Sciences, Inc.?
A. Yes.
Q. Okay. And do you have a contract with them?
A. Yes.
Q. Okay. And how much are you making under that contract?
A. I don't recall.

Q. For all of these speaker arrangements, are you generally working on your 750-dollar-an-hour rate?
A. No.
Q. Okay. Can you give me the range of what you're paid as a key opinion leader?
A. Yes. $750 was Kadian, that's what I was paid. And again, these -- these numbers are individual and unique to the company. They all have their own set fee schedule based on the physician's experience, based on their number of publications. And they have their own internal way of deciding their fee schedule. It's got nothing to do with my fee schedule.
So Alpharma, I made less but that was a long time ago. Most of them pay more now and I would say most of my -- most of the speaking I've done in the last couple of years has ranged from $1,000 for a dinner lecture to -- I think for Daiichi, when I travel the furthest distance, which I think is greater than 2500 miles, or something like that, I get $4700, I think.
Q. Okay. And is that each time you travel for Daiichi?
A. No. Again, it's dependent on the distance I

travel. So in general, the ones that are really far away, it basically takes almost two days out of my practice.
Q. So your -- for your key opinion leader services, you're -- what you charge ranges somewhere from $750 to $4500 on the high end?
A. It's not what I charge. It's what they pay.
Q. Fair. So what these pharmaceutical companies pay you for your key opinion leader services ranges from $750 an hour to $4500?
MS. COATES: Objection to form.
A. It's not an hourly rate.
Q. My fault.
A. Right.
Q. What you are paid for your --
A. So currently --
Q. -- speaking engagements --
A. -- all of my contracts, my lowest speaking contract that I recall at the moment is $1,000 for a lecture. For a lecture, it's a one-time fee. And up to -- for Daiichi I've been paid -- is at the highest range of what I've been paid, is more for the out-of -- out-of-state programs.
Q. Understood. Do you get paid for your hourly rate for the time other than for the lecture?

A. No. There is no hourly structure.
Q. Okay. Do you get paid for anything else outside of the lecture fee?
A. No.
Q. All right. Let's go to the Nevro conference. What does Nevro make?
A. Nevro is a device manufacturer. They make a spinal cord stimulator.
Q. Okay. And you've worked as a paid key opinion leader for Nevro?
A. Yes.
Q. You list a number of conferences you've spoken at. Are these all of the conferences for Nevro that you've spoken at as far as you know?
A. Yes, I think there was another conference in San Francisco that's not listed.
Q. Okay. And when Nevro flies you to a conference, do they pay for that?
A. Yes.
Q. When you fly to a conference to speak on behalf of Nevro, do they pay for your meals?
A. Yes.
Q. Okay. Let's move on to US WorldMeds conference. What is -- what product does US WorldMeds make?

A. Lucemyra.
Q. What's that?
A. It's an alpha 2 agonist that helps mitigate the withdrawal symptoms when somebody stops -- abruptly stops an opioid.
Q. Is that an addiction treatment product?
A. An addiction treatment product? Insofar as it helps mitigate the symptoms of withdrawal, yes.
Q. Is that an opioid?
A. No.
Q. Okay. And you have been a paid key opinion leader for US WorldMeds, it looks like, since 2019; is that correct?
A. 2018, I was on their advisory board.
Q. So since 2018?
A. Yes.
Q. Do you have a contract with them?
A. Yes.
Q. How much are you paid by US WorldMeds?
A. I'm not sure and I'm giving a lecture for them in June.
Q. Okay. And when you fly to a lecture do they pay for your travel?
A. Yes.
Q. Do they pay for your meals?

A. Yes.
Q. Okay. How did you first get involved in being a key opinion leader?
A. The first time I was a key opinion leader or a speaker was for Alpharma, and I don't -- I can't say how they chose me. I just know over the years I've been asked to be a speaker and the term key opinion leader is not one I picked for myself but one that I'm aware of that I am.
Q. Have you ever served as a key opinion leader for any of the Teva defendants?
A. Well, I was paid for the program surrounding my Pain Matters film.
Q. Okay. Did you ever serve as a key opinion leader lecturing on Actiq or Fentora?
A. I don't think so.
Q. All right. We handed you a lot earlier what's -- I'm not sure what Exhibit number we marked your Appendix B or materials considered list.
A. Yes.
Q. What Exhibit number?
A. Five.
Q. Okay. We've marked as Exhibit 5 to your deposition what was attached to your report as Appendix B. Do you see that?

A. Yes.
Q. And that was a -- is that a complete list of the materials you considered in this case?
A. Yes.
Q. Okay. I think you mentioned earlier today you have considered two more depositions of defense experts. Have you been provided with any other materials since Appendix B was generated?
MS. COATES: Objection; mischaracterization.
A. No, and those were not considered in the preparation of this report as I only saw them recently.
Q. Totally fair. So all of the materials that you considered in the preparation of the report went onto this list; is that right?
A. That's right.
Q. Okay. And you have since considered but it didn't go into the preparation of the report, two other depositions of the defense experts?
A. I've seen them.
Q. I forgot. You didn't yet read them?
A. Right.
Q. You have them in your possession?
A. Yes.
Q. Okay.

A. I've glanced through them. I've read some of them.
Q. I was going to ask that. Do you think you need to review any additional materials before offering your trial testimony in this case?
A. No.
Q. Okay. Have you asked for any additional materials from the law firm you're working with?
A. No.
Q. Do you maintain -- I think we talked about the share file earlier. Do you maintain any other files on this case?
A. No.
Q. Did you receive a copy of everything in Appendix B?
A. Yes.
Q. Okay. A hard copy or electronic copy?
A. Electronic copy.
Q. When did you receive the materials listed in Exhibit B -- or I'm sorry, Exhibit 5?
A. Specifically, I don't recall, they are part of the share file and I received them sometime prior to the generation of this report and sometime after the Oklahoma deposition.
Q. Would you have received the materials that

are listed in Appendix B sometime after you started your work in this case on April 11th of 2019?
A. I started my work on this case prior to April 11th, so the end of April on the invoices you have, that invoice is not complete that ends with April 25th, the deposition. I'm sorry, not the deposition.
(Rosenblatt Exhibit 7 was marked for identification.)
BY MS. DICKINSON:
Q. I'm going to hand you what's been marked as Exhibit 7.
A. Okay.
Q. So Exhibit 7 -- we had discussed, I think it was Exhibit 6 this morning, that had your billing detail blocked out. Do you remember that?
A. Yes, yes, yes. Okay. So the end of March, I don't know if we have that invoice, was the deposition but that there may have been entries or invoice generation after the deposition and before this date, but April 11th sounds about right.
Q. I'm trying to understand where your work on the Oklahoma case stopped and your work on this case began. Is it fair to say that your work on this case began the first time entry you have is April

11th?
A. I think so.
Q. Okay. So since April 11, is it your testimony that you've reviewed everything in this materials considered list?
A. Since -- yeah.
Q. And if I wanted to find out how much time you've spent reviewing these materials, can I find all of that time on this invoice and the additional time since the invoice?
A. Yes, however, there were materials I reviewed for the Oklahoma case that do overlap with this case.
Q. Okay. Did you rereview those materials when you were generating your report?
A. I'd say probably to some extent, but for example, of the marketing materials I reviewed, I reviewed hundreds of marketing materials for the Oklahoma case. I didn't rereview hundreds of marketing materials in preparation for this.
Q. Okay. Were the marketing materials listed on Appendix B that you reviewed, in the Oklahoma case?
A. Yes.
Q. Who provided you with the materials that are

listed in Appendix B?
A. The Analysis Group.
Q. Did the Analysis Group provide each and every one of the materials that are listed in Appendix B?
A. Yes.
Q. Okay. Who made the decision about which materials were going -- you were going to review?
A. It was a collaborative effort as we had discussions about the content of my report or what my report should contain. We would talk about -- I would reference without knowing the specific citations certain articles and certain concepts that I wanted included.
Q. Did you have access to the electronic database in the multidistrict litigation that's on Relativity?
A. No, I don't think so.
Q. Did you ask anyone to perform electronic searches for documents in either this case or the Oklahoma case?
A. I'm not sure what you mean.
Q. There are -- I'll represent to you about 30 million pages of documents on an electronic database. Did you have anyone search that database

on your behalf for relevant documents?
A. I'm not sure what database you're referring to.
Q. It's called Relativity.
A. No.
Q. Who is Andrew Boyer?
A. I'd have to refresh my memory on his particular -- the court documents and deposition.
Q. Did you read his deposition?
A. I did.
Q. Okay. Do you know who he is at all?
A. I don't recall.
Q. Do you know where he works?
A. I think it's Stanford.
Q. Is he an expert witness?
A. He is an expert for the defense, I believe.
Q. Which defendant?
A. I'm not sure.
Q. Do you know what subject he was testifying about?
MS. COATES: If you need to refer to your report to see where you cite his testimony, you are welcome to do that.
A. Yeah.
Q. I don't want to belabor this point. Sitting

here today do you have a recollection of what Andrew Boyer was testifying about?
A. I'd have to refresh my memory.
Q. Who is Christine Baeder?
A. Also a defense expert but I'd have to review, look back to see.
Q. Sitting here today, do you remember what Christine Baeder was testifying about?
A. I don't want to misrepresent and remember wrong, so I'd like to refer to my report for that. I think it was --
Q. While you're looking, can I ask you, did you read her deposition?
A. Yes, I did.
Q. Cover to cover?
A. Yes, I did.
MS. COATES: Erin, we have an electronic version we could search.
MS. DICKINSON: No, it's fine. Let's move on.
MS. COATES: If you'd like me to --
MS. DICKINSON: It's okay.
A. I found the reference. 83, 84, generic opioid medications, the head of Teva USA's generic segment: I testified that Teva USA does not promote

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generic medications to the physicians because the decision-maker in generic procurement is not the physician. It's the officer at a corporate retail chain.

That was from the deposition of Christine Baeder.

Q. Do you remember anything else about what Ms. Baeder testified about?

A. Not specifically, but again, my understanding is that generics were not marketed by Teva.

Q. And where did you get that understanding?

A. From the deposition.

Q. From which deposition?

A. From this -- in my disclosure -- in my report on Appendix B.

Q. Okay. There are a number of depositions listed, where did you get that?

A. Of Christine Baeder.

Q. Okay.

A. And it's referenced in Footnote 84.

Q. So you got your understanding that generics weren't marketed by reading a single deposition of someone that worked at Teva?

A. It's my general understanding that generics

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are not marketed, but this is a citation to reference that.

Q. I'm just trying to understand the bases for that belief. That's this deposition?

A. No.

MS. COATES: Objection to form.

A. My understanding and my experience is that I've not been marketed generic medications ever.

Q. Okay. So you're talking about your personal experience, but you haven't reviewed other documents in this case about generic marketing, correct? I think you answered that five hours ago.

A. I've reviewed hundreds of documents on marketing of Actiq and Fentora.

Q. And those are not generic products, right?

A. That's right.

Q. You have not reviewed documents about Teva, the Teva defendant's generic products, right?

A. That's correct.

Q. Okay. All right. You list a number of depositions on this materials considered list. Who decided which depositions you would review?

A. These are the depositions I was provided that were relevant to my opinions as discussed with the Analysis Group.

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Q. Okay. Did you say I want certain kinds of witnesses' depositions or did the Analysis Group decide what would be relevant to your opinions?

MS. COATES: Objection to form.

A. Well, for example, when we would discuss the marketing of Actiq and Fentora and we would discuss how generics were marketed or if they were marketed, and my experience is that they are not marketed, this provided a good footnote, a good reference to Teva's position that they were not marketing their generic drugs.

Q. So did you write opinions and then someone found support for them, is that how it worked?

MS. COATES: Objection to form.

A. We discussed the opinions and then found supporting documentation for them.

Q. Okay. It wasn't the reverse, where you reviewed a bunch of depositions that were provided to you and then you wrote the opinion; is that right?

MS. COATES: Objection; mischaracterization.

A. That's right.

Q. Okay. And the people that found the support were the Analysis Group?

A. Yes.

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Q. Okay. Did the lawyers give you any of the materials on your materials considered list?

A. No. The materials I received were all from the Analysis Group.

Q. Do you have any idea how the lawyers in this case worked with the Analysis Group?

A. No, I do not.

Q. Okay. Did you ask to review any other depositions of the Teva witnesses other than those listed on this list?

A. No, I did not.

Q. Did you read each and every deposition listed on this list?

A. Yes, I did.

Q. Did you -- how much time did you spend reading depositions?

A. Hours.

Q. How many?

A. I don't know specifically which time I spent on which products' depositions and other documents. I couldn't possibly break it down.

Q. You have no idea how much time you spent reading the depositions that are listed here cover to cover?

A. I can give you an idea of how much time I

spent reading all the materials considered but I couldn't break it down for.

Q. Okay. Where do you find the time that you've billed for reading the depositions that we've marked as Exhibit 7?

MS. COATES: Sorry to interrupt, but before we go into the contents of Exhibit 7, we would like, for the record, I know we had a call with Special Master Cohen earlier this morning and he ordered that we provide this information unredacted, and if we could agree with counsel to do so and to kind of speed things along and allow this deposition to go forward, we agreed to do that but we still believe that these are communications between the witness and counsel and they are not required by the rules or CMO that they are constitute protected privilege communications and that they were not properly requested through Exhibit A -- or Appendix A to the deposition notice and that Cohen has allowed this issue to be briefed by e-mail this afternoon.

MS. DICKINSON: And for the record, Counsel, could you tell me which specific part of Exhibit 7 you are claiming is privileged?

MS. COATES: Just the characterization of the time that she has worked.

MS. DICKINSON: I'm sorry. What characterization, she only has entries that say three hour review or phone call. What characterization?

MS. COATES: So my understanding is that this particular invoice was put together by her assistant and the characterizations are maybe not very -- do not provide detailed information, but this is a way that she communicates with us and the request in appendix to the notice is only requesting an itemization of time and compensation, and so we're going to withhold, or stick to our position, that this kind of detail is not discoverable and the rules and --

MS. DICKINSON: I just want to make clear for the record because we're going to obviously have this issue again and again. What portion of what's on Exhibit 7 do you actually think is privileged or in any way discloses something privileged or work product?

MS. COATES: Description of the work performed.

MS. DICKINSON: So phone call is privileged,

with no detail about the phone call, who it was with or what it was about?

MS. COATES: I think that it could have contained more information.

MS. LEIBELL: We also don't need to argue about this --

MS. DICKINSON: Well, actually, I think you do need to put it on the record. So what part of that phone call, 15 minutes, is privileged?

MS. COATES: It's a communication about the work that she's done. That's our position and we're --

MS. LEIBELL: And we're providing Special Master Cohen with a written response to the call we had earlier this morning, so we would prefer to let you continue with the deposition and save this for Special Master Cohen later. We just want to --

MS. DICKINSON: Well, I prefer to make my record because I'm going to have to give it to him.

So what part of one hour review is privileged or confidential in any way?

MS. COATES: Again, I think that we are reserving our right that this information is not

required under the rules and is not available and that there could be content in there and --

MS. DICKINSON: But is there, I guess is my question? We don't have to guess whether there could be. We see it.

MS. COATES: On this invoice at this time, no.

MS. DICKINSON: Okay. And for the record, Exhibit 6 was what was produced to us this morning as -- with the content blacked out and counsel's claim was that it was blacked out because it was work product privileged or attorney-client privileged.

What has been produced as Exhibit 7, Counsel, for the record, is that what was underneath the blacked-out portion?

MS. COATES: For the record, it was not just our -- our position was that communications from the witness, including an invoice, is privileged information. It was not -- but our position with respect to this is that it was not what Special Master Cohen ordered or what was asked for. What was asked for was an itemization of time and compensation paid, including invoices.

MS. DICKINSON: I'm just trying to

understand. Is what I'm seeing on Exhibit 7 --
MS. COATES: Yes.
MS. DICKINSON: -- what was blocked out?
MS. COATES: Yes.
MS. DICKINSON: So your firm didn't, for example, write those descriptions?
MS. COATES: No.
MS. DICKINSON: Okay.
BY MS. DICKINSON:
Q. Dr. Rosenblatt, on Exhibit 7 I'm looking at the time detail that we see here. There are -- one, two, three, four, five, six, seven, eight -- nine time entries for your April invoice. Do you see that?
A. Yes.
Q. Okay. What was the 15-minute phone call on April 11th about?
MS. COATES: Objection.
A. Insofar as it was related to the content of this matter, I can discuss that?
Q. Was that your first phone call with Mr. Ercole that we talked about hours ago?
A. No.
Q. Okay. Was that a phone call with counsel?
A. I think it was a call with Mihran.

Q. Okay. With the Analysis Group?
A. Yes.
Q. Okay. On April 12 you list one hour review. What were you reviewing?
MS. COATES: Objection to form.
A. Well, what I want to say for the record is "review" is not my term. It was really hours that I gave to my assistant, my office manager, to tell her that I spent an hour -- I would call her or text her that I spent 50 minutes on the phone, that I spent an hour doing work and she just used the word review. So the hours listed on this particular invoice that say review was really her interpretation of what I told her that I did.
Q. Okay.
A. So it was really just hours spent and whether it was review or preparation or critiquing or rewriting or writing or outlining or searching, it was really just my time spent.
Q. And I think we talked about, a little earlier today, there were about 15 hours on this invoice; is that correct?
A. Yes.
Q. Okay. What percentage of these 15 hours were spent reviewing materials?

A. I don't know. I'd say a significant portion. I mean I -- I can't tell you how to account for when I sit down for three hours what I do. We have a share work file which includes a live document which would be my report in progress and then ongoing reviews of additional documentation, additional citations, additional expert reports, and it was a live -- live product in works.
Q. I'm just trying to get a sense of -- there's a lot of material listed on here, how many hours do you think you spent reviewing these materials?
MS. COATES: Objection to form.
A. I don't want to box myself into the corner of the total hours spent so I am not sure without the rest of my invoices in front of me. So April was the beginning and May was a lot of, you know, hard -- much more time in May spent with writing and rewriting and wordsmithing the final -- the final report.
Q. Okay. There's some depositions of plaintiffs' experts and some reports from plaintiffs' experts listed.
A. Yes. Yes.
Q. Who determined which reports and depositions you were sent?

A. I don't know who made that decision, I just know what appeared on my share file I would vigorously review.
Q. If it appeared on your -- you didn't make that decision, right?
A. Correct.
Q. Okay. Did you ask for any depositions or reports of any of the other plaintiffs' experts?
A. Not that I recall specifically.
Q. Did you read the entirety of each deposition or just parts?
A. I read really the entirety. I don't remember all of it. I read a lot of things until I was bleary-eyed, but yes, I read, if not glanced over or focused on portions, but I read the entirety of the reports.
Q. Did you read all the attachments to the expert reports you were provided?
MS. COATES: Objection, form.
A. I read whatever was in my share file, which I believe is all of the articles included here, yes.
Q. I'm talking about the expert reports that you were given, were you also given the attachments or appendices to those reports or just the report itself?

A. I don't think I received attachments to the reports of the experts.
Q. Okay. You list on your materials considered list five sets of Bates stamped documents. Do you see that?
A. Yes.
Q. Were those sets all of the case documents that you were given?
MS. COATES: Objection; form.
A. I'm not sure what case documents means. This is marketing material, this is marketing material that I was given and this is -- this actually is marketing material that I've seen.
Q. I'm just trying to figure out, are these Bates stamped documents the defendants' documents, the universe of the defendants' documents that you looked at?
A. I'm not sure.
Q. Where else would I be able to tell what other defendants' documents you looked at?
MS. COATES: Objection; form.
A. Well, under the public documents are all -- I'm not sure which documents I reviewed are Bates stamped and public documents. I reviewed all of the documents and there are, like I said, hundreds of

marketing materials. I'm not sure how they are accounted for in this appendix.
Q. Who chose the documents, the defendants' documents that were on this list?
MS. COATES: Objection; to form.
A. I'm not sure.
Q. It was not you, correct?
A. It was not me.
Q. Okay. Did you ask the Analysis Group for certain types of documents or did they just provide what they thought would be relevant to you?
A. We discussed what would be important documents in supporting the points we were making in my report.
Q. Okay. Let's move on to the public document section. There are what, by my count, nine pages of publications listed. Is that correct?
A. That's correct.
Q. Okay. Did you select these publications to review?
A. No, I did not.
Q. Okay. Who did?
A. They were provided to me by the Analysis Group.
Q. Okay. Did you read all of these

publications on these nine pages?
A. I looked at all of them. Many of them I've seen in the past.
Q. How many of them had you seen in the past?
A. A fair number of them.
Q. What do you mean by a fair number?
A. I don't know, a dozen or so of them.
Q. On the nine pages you think you had seen about a dozen of those in the past?
A. Yes.
Q. When you said you looked at them, what does that mean?
A. I skimmed through some of them, read through some of them, combed through some of them.
Q. How do I tell which ones you read through, skimmed or combed through?
MS. COATES: Objection; form.
A. I don't know.
Q. How much time did you spend reading the publications that are on this list?
A. Several hours.
Q. Several hours on the nine pages of publications?
A. Yes.
Q. You cite a document from the American

Chronic Pain Association, have you ever been a member of the American Chronic Pain Association?
A. No.
Q. Have you ever spoken at any of their events?
A. No.
Q. Have you ever been to any of their events?
A. No.
Q. And you didn't pick that American Chronic Pain Publication, correct?
A. Correct.
Q. You cite a document from the American Pain Foundation. Have you ever been a member of the American Pain Foundation?
A. No.
Q. Have you ever spoken at one of their events?
A. No.
Q. Are you familiar with the organization?
A. Yes.
Q. Okay. Who are the American Pain Foundation?
A. I'm not sure.
Q. Have you had any involvement with the American Pain Foundation?
A. Not that I recall.
Q. Have you taken notes on any of the documents you looked at in the case?

A. No.
Q. Okay. Have you had, other than the Analysis Group, have you had any meetings with any of the other defense experts in the case?
A. No.
Q. Okay. Do you plan to be at trial in October?
A. Yes.
Q. We can take a short break.
MS. DICKINSON: Are you asking any questions?
MS. COATES: I'd like to just review my notes a little and see if I have any.
MS. DICKINSON: I want to make sure I can still make the flight, but if you're planning on asking a whole bunch of questions I might have to change.
MS. COATES: No, it won't be a whole bunch.
MS. DICKINSON: Let's just take -- can we take a one minute break, literally.
MS. COATES: I'd just like to use the restroom.
THE VIDEOGRAPHER: Off the record, 3:07 p.m.
(Recess from 3:07 p.m. until 3:57 p.m.)
THE VIDEOGRAPHER: On the record, 3:57 p.m.

MS. COATES: Have you passed the witness?
MS. DICKINSON: That probably depends on what you ask, but for now I have.
MS. COATES: Thank you very much.
CROSS-EXAMINATION
BY MS. COATES:
Q. Dr. Rosenblatt, I just have a few questions. You testified earlier that when you served on a speakers bureau -- you need to look at the camera still -- for various pharmaceutical manufacturers, you were provided the materials that you presented; is that correct?
A. That's correct.
Q. Did you ever present anything that you disagreed with in your medical training?
A. No, I did not.
Q. And what is your basis for the understanding of your -- whether or not pharmaceutical manufacturers promote generic medicines?
A. My understanding is that pharmaceutical manufacturers do not promote generic medications.
Q. What is the basis for that understanding?
A. My -- the basis for my understanding is based on my clinical experience, my personal experience working in this field for over two

decades. I do not recall ever being promoted a generic medication.
Q. And then what is your basis -- what is the basis for your understanding that the Teva defendants didn't promote their generic medicines?
A. My understanding is the generic -- the medications were not promoted by Teva because it was not something that the companies do and that was based on not only my prior experience but the review of the testimony of the deposition from the Teva employees.
Q. I'm sorry. And I wanted to go back to the promotional materials, the slide decks that you presented as part of the speaker programs. Were those slide decks consistent with the FDA labels for the products that you were promoting?
A. Yes.
MS. DICKINSON: Objection to form.
A. So yeah, speaker programs, we were trained on slide decks and slide decks were approved by the companies and as I understand, you know, approved by the FDA or consistent with the FDA labeling.
Q. And you also testified earlier that Analysis Group supported you in the preparation of this report. Is that correct?

A. Yes, they did.
Q. Whose report is this?
A. This is my report.
Q. And whose opinions are in this report?
A. These are my opinions.
MS. COATES: Thank you, Dr. Rosenblatt. I don't have any further questions.
REDIRECT EXAMINATION
BY MS. DICKINSON:
Q. Just a quick question on something Counsel just asked you. I think you just testified that the slide decks were approved by the FDA. Do you have any knowledge that any of the slide decks were actually looked at by the FDA or approved?
A. As I understand, all of the marketing materials --
MS. COATES: Object to form.
A. All the marketing material are approved by the FDA.
Q. Do you have any knowledge of the FDA actually looking at the slide decks that you spoke from as a key opinion leader?
MS. COATES: Object to form.
A. My understanding is the FDA approved all the marketing materials.

Q. That's not my question. My question is the slide decks that you spoke from as a key opinion leader for pharmaceutical companies, do you have any personal knowledge that anyone at the FDA reviewed those slide decks?

MS. COATES: Object to form.

A. I don't have any personal knowledge of the FDA's specific activities. It's my understanding that the slide decks are promotional in nature and they are marketing materials.

Q. How -- between the Oklahoma case and this case, how much have you been paid in total?

A. In total, so far, I think we already covered this.

Q. I don't think so.

A. I haven't been paid yet for my activities of March, or April or May.

Q. Bad question. If you took all of the outstanding amounts that have been billed to date, what is the total of your bills in this case and the Oklahoma case?

MS. COATES: Object to form.

A. I'm not sure. I haven't yet supplied my May invoice and for the subtotal of January, February, March and April, I'd be guessing it's somewhere

around $40, $30, $40,000.

Q. Okay. And beyond the invoices that you've been paid for 30, $40,000, do you know how much you have outstanding in outstanding bills?

A. Let me clarify. I have not been paid $30,000 or $40,000. You asked me of the outstanding invoices, that would include everything that's outstanding.

Q. You believe that the total amounts you've billed in this case are somewhere in the neighborhood of 30 to $40,000?

MS. COATES: Object to form.

A. I haven't seen the actual updated invoices, but I know I saw an $18,000 invoice. I think that was for March or April, I'm not really sure.

Q. How much have you been paid total in the State of Oklahoma case?

A. I've only been paid for January and February. I haven't been paid since February, so I'm not sure the totals of that months. I think I've been paid $15,000 to date.

Q. And do you know how much outstanding invoices you have -- in outstanding invoices you have for the State of Oklahoma case?

A. I'm not sure because I haven't completed

that task. I prefer to have it in front of me to speak to it but approximately $30,000.

Q. So in the State of Oklahoma case, you will be paid roughly $45,000, is that about accurate?

MS. COATES: Objection to form.

A. I'm not sure. It would be my invoices from January and February and March. So I think that would be -- I'm not really sure. I think it would be less than $30,000.

Q. And in this case, I think your testimony has been you -- so far, between outstanding invoices and bills that have been paid, the amount is somewhere between $27,000, I think, and $35,000; is that true?

MS. COATES: Object to form.

A. I'm not sure and I don't believe I've been paid yet for my work on this case. I believe they are all outstanding.

Q. Taking -- putting aside if you don't get paid, I'm just trying to understand, if all your bills are paid in full, what is the total amount that will be paid to you for your time to date?

A. For this case?

Q. Yes.

A. It would be April and May invoices.

Q. Okay. We looked at April and April was in

the neighborhood of $9,000, correct?

A. Yeah, I think so. Yes.

Q. And what is the total you believe you have outstanding in this case beyond April?

A. In May, I think I have about 30 hours.

Q. Okay. 30 hours at $7 -- $600 an hour?

A. Yes.

Q. Okay. So how much is that?

A. $18,000.

Q. Okay. So nine plus 18 is roughly $27,000; is that correct?

A. Again, I'm estimating. I haven't looked at the -- counted my hours, especially, including today.

Q. And you plan to do more work in the case, correct?

A. Yes.

MS. DICKINSON: All right. That's all I have.

MS. COATES: No further questions.

THE VIDEOGRAPHER: Off the record, 4:05 p.m.

(Whereupon, the deposition concluded at 4:05 p.m.)

CERTIFICATE

I, SUSAN D. WASILEWSKI, Registered Professional Reporter, Certified Realtime Reporter and Certified Realtime Captioner, do hereby certify that, pursuant to notice, the deposition of MELANIE ROSENBLATT, M.D., was duly taken on Friday, May 31, 2019, at 9:26 a.m. before me.

The said MELANIE ROSENBLATT, M.D., was duly sworn by me according to law to tell the truth, the whole truth and nothing but the truth and thereupon did testify as set forth in the above transcript of testimony. The testimony was taken down stenographically by me. I do further certify that the above deposition is full, complete, and a true record of all the testimony given by the said witness, and that a review of the transcript was requested.

_____

Susan D. Wasilewski, RPR, CRR, CCP

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying reporter.)

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Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.

After doing so, please sign the errata sheet and date it. It will be attached to your deposition.

It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.

ERRATA

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ACKNOWLEDGMENT OF DEPONENT

I, _____, do hereby acknowledge that I have read the foregoing pages, 1 through 259, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

_____ _____

MELANIE ROSENBLATT, M.D. DATE

Subscribed and sworn to before me this

____ day of _____, 20___.

My Commission expires: _____

_____

Notary Public

LAWYER'S NOTES

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